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## ORIGINAL DEPARTMENT.

### LECTURES.

#### Lectures on the Crystalline Lens and its Diseases.

Delivered at the Howard Hospital

BY LAWRENCE TURNBULL, M. D.

Ophthalmic Surgeon to the Hospital.

No. 3.

#### OPERATIONS FOR CATARACT—DEPRESSION—RECLINATION.

Of the numerous surgical operations by which man relieves his fellow man of the infirmities incident to his mortal state, there is not one which creates so much astonishment in the beholder, and so much delight in the recipient, as the restoring of sight to the blind by the removal of an opaque lens from the eye. Time has familiarized the mind of surgeons with this operation, but the public view it with wonder and amazement half akin to awe.

The ancients generally believed that cataract was produced by a pellicle, formed before the crystalline lens in the posterior chamber of the aqueous humor; and even Galen defended the same opinion as late as the seventeenth century. About this time, some opaque crystalline lenses were depressed with the needle, rose again, and passing through the pupil into the anterior chamber, were thence extracted through an incision made for that purpose in the cornea.\* This led to the direct operation of extraction of the cataract in the year 1745, by David,† which almost supplanted the old operation. After a time, by watching the facility with which nature dissolved and removed a lens by the introduction into it of the aqueous humor, a third operation was practised with success, namely, *solution*, termed also *division*.

The terms, *Keratonyxis* and *Scleronyxis*, merely designate the coat—as the cornea or sclerotic—through which the instrument is to pass in either of these methods. A word of caution to the young surgeon before we commence the description of the methods of performing the operations for the removal of cataract.

Study your case well before you attempt to touch the eye with the knife or needle, for far better is it for you to lose the opportunity of operating, than to do so, and fail to relieve your patient; for he or she will be a walking index of your want of skill as long as life will last. Even the very best operators have made mistakes, and operated upon cases of diseased *retina*, from a simple want of care and attention on their part, and thus subjected the patient to much pain and distress; all through not studying their cases well. The dangers, too, attending the operations for cataract are much too lightly estimated in pronouncing an ultimate prognosis. The risk of a badly performed operation, and that of disorganization from inflammation and other causes, even under the most favorable circumstances, are too much kept out of view. Such a thing as an unsuccessful case of operation for cataract is never published in our journals, and yet they are occurring at all times in this and other large cities, not only among the tyros of the profession, but in the hands of the most expert surgeons. Many operators on the eye seem to think that they have done enough, when by the publication of a few successful cases, they have persuaded the profession and the public of their expertness; but unless (as observed by Dr. Mackenzie) “the circumstances of each case are minutely detailed, and a history given, not of select cases, but of every case occurring during a year, or longer period, and each history brought down not merely to a few days or weeks after the operation, but to a year or more, no conclusion can be drawn regarding either the abilities of the operator, the merits of his particular mode of operating, or the general success of operations for the cure of cataract.”

\* *Ann. Malad. des Yeux*, Paris 1767, p. 237.

† *Mém. de l'Acad. des Sciences*, anno 1708, p. 242.

*Operations of Displacement—Depression—Reclination.*—We will commence with a description of this, the oldest operation for the removal of cataract. It is stated that Guy de Chauliac, who composed his work on Surgery in the fourteenth century, (1363) gives the following careful directions to the operator regarding the time during which he should keep the needle in contact with the depressed lens: namely, long enough to repeat a *Pater* three times, or a *miserere* once.

The operation of depression was employed by the ancients in all forms of cataract, but at the present day it is considered only applicable to cases of hard cataract, and should only be preferred to *extraction*, when the latter operation is found either impracticable or hazardous:—namely, when the globe is very deeply seated in the orbit; when the palpebral aperture is much contracted; when the anterior chamber is very small; when adhesions exist between the pupillary margin of the iris and the anterior capsule of the lens; when the globe has lost much of its natural elasticity; when the patient is extremely feeble; or when he or she is the subject of chronic croup or asthma.

In couching, or simple depression of the cataract, the lens is placed by the needle below the level of the pupil. In reclination, the lens, at the same time that it is depressed, is also made to turn back on its lower and outer margin, so that it is forced back by its upper edge into the vitreous humor. Reclination is to be preferred, because there is not sufficient room for the lodgement of a lens of normal or large size directly below the pupil; if simply depressed and not turned, it will be almost sure to re-ascend into its original situation, a result which the author has witnessed. It will therefore be well for the student to practice it well on the dead subject before he attempts it on an important living being. Indeed the most simple operation of the eye, should always be practised well in the dissecting room and upon the eyes of animals. The instruments required are a spring speculum and a pretty broad curved, lance-headed cataract needle; in some instances a straight needle is employed. The first important matter is to have the patient in good health, and the digestion in good order. This is facilitated by the use of a mild laxative, or, in some instances, tonics, for a week or two previous to the operation.

The eye should also be dilated with a solution of the sulphate or nitrate of atropia dropped

into the eye the night before, or the soft extract of belladonna painted around the brow. The day should be clear, the weather moderate. The patient should take a very plain meal, and the operation should never be performed immediately after dinner; especially is this necessary if the use of sulphuric ether, or a mixture of ether and chloroform is desired on the part of the patient.

A solution of morphia, or a pill of opium, is sometimes employed previous to operating, but a careful inquiry should be made if there is any idiosyncrasy, as many persons are affected by opiates so as to induce vomiting; if such is the case it should be carefully avoided.

The patient should either be seated on a low chair, or reclining on a couch or sofa, near a window, so that the light may fall obliquely on the eye; and the surgeon should be seated immediately opposite the patient, but somewhat higher. An assistant should support the patient's head, and fix the superior lid either with his finger or the elevator of Pellier. A needle is thrust through the sclerotic, at a short distance from the outer margin of the cornea, as I now show you, and a little below its equator. In its progress, it passes first through the conjunctiva, next the sclerotic, choroid, retina, and hyaloid membrane, into the vitreous humor. When this point has been reached, it is carried on behind the iris until it becomes visible in the pupil.

The capsule is then lacerated with the needle, which should be steadily pressed against the anterior surface of the lens, a little above its centre, so as to force it to leave its natural situation, after which it is pressed backwards, downwards, and outwards, into the vitreous humor. This being accomplished, the convexity of the head of the needle, by rotating the handle, is to be applied against the lens in order to complete the depression.

Having kept the needle applied against the depressed lens long enough to see that the cataract does not re-ascend, the surgeon brings the head of the needle back into the posterior chamber by moving the handle a little backward, and withdraws it carefully and slowly.

The instrument should always be introduced at a sufficient distance from the junction of the cornea and sclerotic (say about 1-16th of an inch) to avoid the ciliary processes; and from the transverse axis to avoid the long ciliary artery. The lens should be reclined before it is depressed, to prevent the risk of its coming in

contact with the retina; and it should be carried backwards, to place it clear of the iris.

The operation can be performed through the cornea, but as the posterior-capsule cannot be opened, it is considered much more hazardous to the eye.

If the operation succeed, the restoration of vision is complete, provided the retina is in good condition.

*After-Treatment.*—The eyes should be covered with a linen bandage, and should not be examined for four or five days, and then only exposed to a moderate degree of light. In the course of one or two months cataract glasses may be used.

Inflammation of the iris, or of the retina, or of the whole eyeball may set in, and when this does occur, it is generally fatal to vision. Free leeching, with active purgation, may do much to relieve the patient, with the free use of solution of atropia, but, as the lens usually acts as an extraneous body, no medical agent is of much service. When, however, the inflammation arises from injury by the needle, it may be subdued by the means above mentioned, and the influence of mercury. The cataract, when depressed, will often remain without change for years, even when deprived of its capsule, and is liable to rise from the vitreous humor by any sudden and violent exertion, as coughing, sneezing, etc. I, therefore, would not recommend this operation to you as one which yields very satisfactory results.

Professor PANCOAST, of this city, has modified this operation by employing a hooked needle with which he draws the lens horizontally backwards into the vitreous humor, by sinking the needle in the hard lens after lacerating its capsule. The steps of the operation are much the same as those already stated. His needle is very small, and has a curve almost rectangular. "By this process," he says, "the eye is as little disturbed as possible, and the lens rests in the interior of the hyaloid tunic, and not in contact with either one of the more delicate structures of the ball, the iris, the ciliary body, or the retina, and with no tendency to resume its old position." He punctures the sclerotic coat at a distance nearly equal to the diameter of the lens behind the margin of the cornea. We have here still a great risk of wounding the iris, and in sinking a needle in the lens, we have rather a combination of displacement and solution. We have also a foreign body remaining in the vitreous humor, heavier

than it, and liable to sink and come in contact with the retina; and, as it is a foreign body, apt to create inflammation in time in this location.

As observed by Mr. Dixon, "The various mishaps that attend the operation of extraction are evident to every bystander; but in depression, or even reclination, provided the cataract disappears from the pupil, all seems to have gone well. The mischief that may have been inflicted on deep-seated structures cannot be detected; and it is only in the course of weeks, or months, that a train of symptoms sets in which long after the operation may terminate in utter loss of sight."

The objections to the "displacement of a cataract" are thus expressed by Mackenzie, and I am happy to have the weight of his authority in aid of my own:—"The principle on which the operations of 'displacement' are founded, is essentially bad. As well might we expect to lodge an entirely foreign body within the eye, and yet no continued irritation take place, no disorganization follow of the delicate textures with which it remained in contact, and no interruption happen to the function of the organ, as that the lens could be pressed into the vitreous humor, and lie there close to the retina, and the eye continue healthy and vision be preserved. Reclination or depression is to be thought of only when some insuperable objections exist to division and extraction. I assign them this low rank in the scale, not because the lens is apt to re-ascend after being displaced—for that I consider rather a favorable event, from the chance it gives of the cataract dissolving after its re-ascension—but because chronic inflammation within the eye, dissolution of the hyaloid membrane and amaurosis are, I believe, the almost invincible results of a cataract, of any considerable bulk, continuing undissolved in the situation assigned to it by displacement."\*

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Experience fully warrants the inference that mercury is a general stimulant to all those functions of organic life which are performed under the innervation from the ganglia of the sympathetic system. It is probable that its action is upon these ganglia. Thus, mercury tends to diffuse and equalize secretion, and the circulation of the blood, aiding, in this way, to break up local congestions and inflammations. —*Hartshorne's Medical Principles.*

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\* Mackenzie, Fourth Edition, (English,) p. 635.

## COMMUNICATIONS.

**Anatomy in its Relations to Medicine and Surgery.**

BY D. HAYES AGNEW, M. D.

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No. 32.

*Oral Region (continued).*—Within the cavity of the mouth the most prominent constituent is the tongue. Forming the floor of the mouth, it lies very accurately within the dental arch of the lower jaw.

*Glossal Connexions.*—On the sides and in front it is connected to the inferior maxillary bone by the mucous membrane passing from one to the other. When the tip is turned up, this membrane is seen to gather itself up into a fold or cord, the "*frænum lingue*." This runs from a groove on the under surface of the tongue to the symphysis of the jaw. On each side of the frænum may be seen a blue line; these are the *ranine veins*. On each side of the same cord, on the floor, a somewhat lobulated projection is visible, covered only by the mucous membrane; they are the *sublingual glands*, which open into the oral cavity at this situation by numerous small excretory ducts. On each side of the frænum open likewise the Whartonian, more properly, submaxillary ducts. Posteriorly the tongue is connected to the epiglottis by three folds of mucous membrane, the "*glossa-epiglottic*" the middle one of which is called the "*frænum epiglottidis*." The angle at which these rise from the organ under consideration to the epiglottis produces a little pocket on each side of the frænum.

From the soft palate, on either side, pass down two crescentic folds of mucous membrane to the sides of the tongue, forming the anterior posterior *palatine arches*. These folds enclose muscular fibres, which will be more particularly noticed in another place. To the hyoid bone it is attached by the hyoglossi muscles, and to this same bone and the inferior maxillary on each side of the symphysis by the genio-hyoglossi muscles. With the styloid processes of the temporal bones it is connected by the stylo-glossi muscles. The tip is the freest part of the organ.

*Structure.*—The tongue is covered by mucous membrane, has a depression, or raphé, running from the tip toward its root, and beset with numerous eminences, called *papillæ*. These are arranged in three groups: 1st. From eight to sixteen very large, and disposed in the shape of the letter V, the apex being directed back

toward the root; these are the *papilla maxime*, or *circumvallata*. 2d. The *papilla medie* or *fungi* form the next in size, and possessing a very red color, distributed irregularly over the surface, though most numerous along the margin, and especially at the tip; and, 3d. The *papilla minima* or *filiformes*, existing in great numbers, and arranged in oblique rows on either side of the median line, and of a light color. These papillæ are all elevations of the mucous and sub-mucous tissue of the tongue, enclosing blood-vessels and nerves, and covered by an epithelium. They, however, possess some points of distinction among themselves, which may be noticed in a general way. The papillæ maxime are inverted cones, with the apex of each attached at the bottom of a little depression or cup, are very vascular, and contain great numbers of nerves. The papillæ medie possess a degree of firmness and resistance which do not belong to the others, and which result from the amount of connective tissue they contain and their horny covering. They are all surmounted by secondary eminences, and covered by a flattened epithelium, except the medie or conicæ, in which they are prolonged into brush-like processes.

Numerous mucous glands exist over the tongue, as, for instance, at the root a group which do not extend beyond its middle; along the sides near the root others, which open between vertical folds of the mucous membrane; and, last, beneath the tip, a cluster being placed on either side. The last two groups are so deeply placed as to be greatly influenced by the muscular fasciculi of the muscles, among which they lie. These are racemose in their form.

Between the papillæ maxime there are numerous simple follicles, which in their structure resemble the agmenated glands of the intestine, and over the capsules of which is a very fine plexus of blood-vessels. The contents of these glands are fluid, intermixed with granules, the former having an alkaline reaction, and the latter consisting of nuclei and cells. On the addition of acetic acid, no mucus is precipitated, nor is their secretion to be regarded as such.

The great bulk of the tongue is made up of muscular and adipose tissue, containing but a small amount of fibrous tissue. It is divided in the middle by a vertical septum of ligamentous fibres. The muscular structure is disposed in three directions—vertical, transverse, and longitudinal. The first formed by the radiating fibres



of the *genio-glossi* muscles, which, originating on either side of the mental symphysis, expand into the organ from its root to the tip, not, however, quite reaching the mucous membrane; the second, called *transversus linguae*, intersect, with considerable regularity, the fibres of the *genio-glossus*, running from the side to the median septum. The longitudinal fasciculi occupy both the upper and lower surface of the tongue; the *longitudinalis superior* is placed between the mucous membrane of the dorsum and the superior fibres of the *genio-glossus* and *transversus*; the *longitudinalis inferior* is situated between the *hyo-glossus* and *genio-glossus*: the direction of both these muscles is from root to tip.

*Blood-vessels.*—These come from the external carotid, and are the *facial*, *lingual*, and *pharyngeal*. The second, or *linguals*, are the ones principally concerned, and, under the name of *ranine*, rush along the under surface from root to tip, approaching each other as they advance forward, and only covered by the mucous membrane of the mouth. Alongside the arteries are situated the *ranine veins*, which end in the facial beneath the lower jaw. These vessels are quite apparent as two blue lines, seen when the free end of the tongue is turned up.

*Nerves.*—These are the gustatory branches of the fifth pair, conferring, probably, common sensibility; the hypoglossal, or ninth pair, distributed to the muscles and imparting motion; and the glosso-pharyngeal, a portion of the eighth pair, and perhaps endowing with the special sense of taste. The first and the last are distributed to the lingual papillae.

*Practical Remarks.*—The tongue may be so bound down at the top by a short frænum as to demand an operation. This defect is usually congenital, and is called *tongue-tied*. The inconveniences resulting are imperfect nursing, and, later in life, imperfect articulation. The anxiety of mothers about their little ones will often induce them to present such to the physician, under the impression that the tongue is not sufficiently free, when this is not the case. As long as the child can carry the organ upon the lower lip there exists no necessity for interference. When an operation becomes necessary, it will consist in a division of the frænum. This is very simple, and yet, if ignorantly done, may be followed by bad consequences. I have seen a large cystic tumor form beneath the tongue, in consequence of a bungling operator penetrating the floor of the mouth, and doing violence to the sub-lingual glands. The anatomical relations

will naturally suggest the division of the frænum midway between the under surface of the tongue and the floor of the mouth, as by so doing the *ranine* vessels on the former will be avoided, and the sub-lingual gland beneath the latter. Nor will it be necessary to cut deeply, only a very slight nick, as the constant movement of the tongue will soon elongate the resisting the tissue. The instrument best adapted for the operation will be the probe-pointed scissors.

There is another variety of the tongue-tie which is due to a preternatural shortening of the *genio-hyo-glossi* muscle or muscles, and which may give rise to stammering. As this must be attacked from the neck, I shall pass it over until that region is reached.

A tumor is met with beneath the end of the tongue, rising from the floor of the mouth, to which the name *ranula* has been applied. It involves the ducts of the sub-lingual glands, the excretory orifices of which here open. These become obstructed by some substance, either mechanical or inflammatory, the secretion accumulates behind, distending them finally into a semi-transparent tumor. Sometimes they are found to be firm and resisting in the texture. In such cases the distension has provoked an inflammatory exudation and its organization into fibrous tissue. The transparency will depend upon the attenuation of the mucous membrane. This same morbid condition may be present in a very limited degree, confined even to a single duct, so as to resemble a little vesicle. The cure of such can rarely be accomplished by puncture and evacuation of the contents, the wound you make will soon heal, and as the duct or ducts are not restored to a pervious condition, the swelling will be reproduced. No treatment short of that which contemplates the destruction of the glandular tissue will prove effectual. This is best attained either by injection or excision, the latter, I think, the preferable, which is readily done by including the mass within two elliptical incisions, and then allowing the wound to heal by granulation or stitching the edges together with the finest silver wire. If it be a small cyst, after clipping it away, the point of a stick of caustic may be carried into the wound for a moment or so.

Another tumor is found in this same locality, and which is produced by a salivary calculus becoming arrested near the outlet of the sub-maxillary duct; and, last, another variety of tumor, which I am disposed to believe is rare;

and being connected with the under surface of the top of the tongue, rather than the floor of the mouth, must be referred to the cluster of glands there situated. The sides of the tongue may be bound down by cicatricial tissue, so as to interfere with its proper functional movements. Should a nerve filament happen to be included, it may give rise to a very painful condition. This is best remedied by incisions or excision of the diseased structure.

The surface of the tongue, being an index to much which may be going on in other organs, is considered as a matter of great moment by the physician. These conditions may be such as effect temperature, color, size, movement, and secretion.

A *cold tongue* is indicative of great danger. It is seen in the collapse of cholera, and, in some miasmatic fevers, attended with profound congestion of the internal organs, and always betokens the absence of peripheral circulation and the usual chemical combinations in the lungs; the breath in such patients is cold, and shudders one with its unnaturalness. Preternatural *heat* may result from inflammation of the organ itself, or even of distant ones, as the stomach, &c.

*Color.*—A pale tongue implies debility or alteration in the blood. Its capillary vessels are empty; the papillæ will, consequently, not be prominent. It is seen in the latter stage of fevers, and will call for the exhibition of tonics, nutritious diet, and, perhaps, stimuli. When present in anemia it reveals the degree in which the red corpuscles are deficient.

The *red tongue* must not be misinterpreted. It may have such a color from inflammation of its own, or any of the structures of the mouth; from irritating substances taken into the mouth; from an overcharge of the circulating fluid with red corpuscles; from a very vigorous reaction after a chill; from loss of epithelium; and from gastritis or enteritis. Careful inquiry will, generally, be sufficient to correct any misapprehensions. This color being dwelt much upon in inflammatory states of the stomach and intestines, often, doubtless, misleads the practitioner. Unless other symptoms be present, pointing to abdominal disease, its evidence alone must be regarded as negative.

*Size.*—The size of the tongue, leaving out, of course, alterations of structure, is determined in a great measure by causes which implicate the nerves. When large, it exhibits a want of tone in the muscular fibres of the organ, and will be found to accompany a flashy condition of the

general muscular system. In diseases attended with much nausea it is found to be present; also, in conditions in which the functions of enervation are impaired. It is certainly, even when no complaint is made, an evidence of a want of constitutional vigor.

The *small tongue* is known to be present in high states of inflammatory intracranial disease, as meningitis, cerebritis, &c., and, in addition to the diminution in size, is frequently quite sharp or pointed at the tip. These characteristics are due, I suppose, to the increased functional activity of the nerves supplying the organ, induced by the inordinate amount of blood conveyed to the encephalon.

### Operation for the Relief of Extensive Adhesions between the Ball of the Eye and the Lids.

By A. G. WALTER, M. D.,  
Of Pittsburgh, Pa.

Adhesions which the ball of the eye at times contracts with the eyelids, in consequence of burns from cinders, iron, steam, and caustics, during mechanical operations, are of frequent occurrence, and, when extensive, have been as difficult to remove as it has been to prevent them. Deformity is the general result; the eyelids adhering to the ball impede free motion, and irritate the delicate organ by the constant tension to which it is thus subjected.

Various have been the means resorted to for removing this vexatious deformity. Free incisions of the cicatrix, with temporary separation of the lids by the aid of plaster strips, or an ansa, drawn through the margin of the lid and confined to the cheek or forehead—incision followed by cauterization—excision of the abnormal plastic product, in conjunction with careful eversion of the lids—a leaden wire passed through the base of the cicatrix, and retained until cicatrization of the fistulous track made by the wire has been effected, with subsequent section of the plastic bond between the wire and the terminal adhesions on the ball, on the same principle as *digiti connati* have been treated; these and others have been the resources which the ingenuity of surgeons at different times has brought forward; but the ultimate result of all these has only been of temporary or partial benefit, some deformity of lid and ball still remaining, or an entire failure, the cicatrix too often growing more tense and

rigid, with increase of deformity, by the repeated sections.

As cicatrices, wherever situated, are formed by nature after destruction of the dermis and cellular tissue as a protecting shield for the subjacent parts, and being made up of an adventitious tissue, having a high degree of density, and, as such, an inherent tendency to contract upon itself, they generally are not capable of being elongated; nor will incisions, cauterization, etc., modify their structures so as to yield to permanent extension. Speedy reunion follows these attempts at separation, the original tissue acquiring a greater density and increased proneness to contraction. No permanent relief, therefore, can be expected from sections of an extensive and firm cicatrix agglutinating the lids to the eye, as it will be reproduced with increased density of its tissues, the neighboring conjunctiva not being able to assist in relieving the deformity by its elasticity, as we at times see the dermis accommodate itself by elongation in remedying contractions of different parts of the body. Excision of the cicatrix alone promises success, but not if unaided by eversion of the lids during the progress of cicatrization. To effect proper eversion of the effected lid, however, and to maintain it for several weeks, till the wound, after excision, has healed, is of the greatest importance. With this point in view, plaster strips have been applied, confining the tarsus to the cheek or forehead, the outer canthus has been cut into downwards, the lid everted and kept in this position by plaster strips, or an ansa, to the face. The inconvenience, however, which the protracted eversion of the lids entails upon the uncovered eye, irritated by exposure to the air, is generally too much complained of by the patient. To guard against these and similar objections, but acting upon the principle that the ball of the eye must be prevented from coming into contact with the lids till its wounded surface, made by excision of the cicatrix, is perfectly cicatrized, we have pursued a plan (may it be called novel?) which has accomplished the object in view, without incommoding or exposing the eye during the process of cicatrization—nay, even leaving it to the full enjoyment of all its functions.

The history of the following case will best explain the mode of proceeding and its happy result:—

*Albert Gerlach*, iron-worker, 30 years of age, of Pittsburgh, in passing through the mill in which he was employed, was struck by a hot

cinder, from a pile on which water had been thrown, into the right eye, burning the outer



part of the ball and eyelids severely. Great tumefaction of the lids and suffering were the consequence. Cicatrization was slow, with deformity resulting. Two years after, the eye was still impeded in its motion and bound down to the outer canthus, to the upper and lower lid by firm and strong adhesions, producing strabismus divergens, while the cicatrix extended over the cornea to near its centre, the outer half of the lids being drawn upwards and downwards, unduly exposing the eyeball to the contact of the air and irritating it by extension. After several attempts had been made by incision, excision, and cauterization, with the usual results, failure and increase of deformity, I was called upon for relief.

January 12, 1858. Having administered ether, I made a semilunar incision along the rim of the orbit, above and below the outer canthus, through the skin down to the bone, to the extent of more than an inch, while the eyelids were held closed in their natural position. The canthus externus next being lifted up by a blunt hook, the upper and lower lids were cautiously separated from the cicatrix, and the dissection continued until the knife had passed through, meeting the elliptical incision over the rim of the orbit. A slit thus being made, the lids were freed from the ball of the eye above and below the original cicatrix, which was then carefully excised from the eye. After the bleeding had been arrested, a fine pledget of muslin, well oiled, wide enough to fill up the slit in the skin, and a few inches long, was passed through the cut between the lids and the ball of the eye, emerging at the outer commissure of the eyelids and tied over a convex, narrow, silver plate, resting with its flattened extremities upon the os frontis and malæ over the outer canthus of the eye. Thus the outer parts of the lids were well kept elevated from the eye, allowing it undisturbed freedom, yet guarding it from exposure, the eyelids still being the natural protectors. At first, cold water dressings were ap-

plied, which, after a few days, were exchanged for laudanum and lead-water lotion, the wound being syringed several times a day, with tepid chamomile infusion. The patient was not restricted in his habits.

The separation and elevation of the lids was thus kept up for three weeks, the only dressing needed being the occasional change of the muslin slip which had acted as an elevator of the lids. At the expiration of that time, complete cicatrization of the wound of the eye having taken place, the elevator was removed from the slit in the lids, which were now allowed to drop down to their natural position. The incision over the orbit, too, being cicatrized, its edges were next freshened and united by fine Carlsbad needles. Union by first intention followed, no trace of deformity remaining, the line of incision along the rim of the orbit exterior to the canthus only being perceptible.



A result so satisfactorily and readily obtained commends itself to the attention of the surgeon. Adhesions, too, affecting the upper and lower eyelids in the middle, and the corresponding portion of the eyeball, may be freed by similar incisions through the skin along the upper and lower margin of the orbit, with subsequent temporary elevation of the lids from the globe of the eye. The cicatrix, if not extensive or callosous, and not interfering with vision, need not be excised—incision through it beyond its boundaries into the line of reflection of the conjunctiva being sufficient. There can be no failure of success if the exterior wound is kept open by the interposition of the pledget until the cicatrix of the globe and eyelid has healed.

**Syphilitic Sore Throat.**—As a local application in syphilitic ulceration of the throat, tongue, and lips, Mr. Coulson, of St. Mary's Hospital, makes use of the following formula with great success:—Bichlorid. hyd., grs. vi.; hydrochloric acid, 12 drops; syrup, 1 ounce; water, 8 ounces; to be used three times daily as a gargle, and the mouth to be washed after using it.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

#### SEPTICÆMIA FOLLOWING RHEUMATISM.

A sailor, 26 years of age, entered the hospital June 30, having a few days before been attacked with pain in the joints and extremities. When Dr. Meigs took charge of him he had a severe attack of articular rheumatism. All his joints were swollen, but there was no cardiac complication. He was treated with nitrate of potassa and Dover's powder, and appeared to be doing very well.

But when he was just expected to become rapidly convalescent, he became suddenly worse, and sank into a fever of a low type, accompanied with some secondary pneumonia and bronchitis. He was sick for many days.

But although his general condition was such as might have led to the assumption that he was suffering under typhoid fever, close examination of the case must lead us to a different view. He had no rose-colored eruption, no diarrhoea, no marked tympanitis, no tenderness in the iliac fossa. We incline hence to consider the case one of pyæmia, or septicæmia—the *pyæmia following rheumatism*, of Bennett, of which that author has given some very instructive clinical observations in his lectures on clinical medicine. Another point which strengthens this view of the case is, that the patient was occasionally attacked with chills and rigors.

But although this affection is called pyæmia, it must be remembered that it is really not characterized by the presence of pus in the blood, but that it is owing to the introduction or formation of some animal poison with the nature of which we are unacquainted; hence the term septicæmia is preferable to pyæmia.

The condition of the system to which this name has been applied, has been observed to be owing to various causes. As already stated, and as the case before us is an instance, it follows acute rheumatism; dissecting wounds cause it, and Vogel, the excellent German pathologist, mentions the case of a man who was attacked with septicæmia as the result of violent dancing through a whole night.

Perhaps we may trace the origin of the disease in the case before us by tracing the attack to its commencement. As already stated, he was convalescent, and was ordered to be watched carefully, in reference to sitting up or taking exercise. He was seen in the forenoon, when his pulse was perfectly natural. In the afternoon, instead of sitting up but for a little while, as had been recommended, he not only sat up, but also walked around the ward for about two hours. When he was seen the next morning his pulse was 156 in a minute, and from that



time dated his long, lingering illness, so closely resembling, in many respects, typhoid fever.

Now there can scarcely be a doubt that exercise under these circumstances induced the attack. But how is it produced? Is it simply the reaction of the exhausted nerves? We cannot say positively; yet it seems as if there was something else beside mere nervous exhaustion. In the British reports, Mr. —, and Carpenter, the well known physiologist, endeavor to explain the fact why zymotic diseases, like cholera, small-pox, etc., attack more readily, at the beginning of an epidemic, the hard-laboring classes; and they conclude that this tendency is caused by the greater muscular activity in the laboring classes, causing a much more rapid destruction of tissues, and hence rendering the secondary assimilation more energetic. With a large amount of disintegrating tissues thus present in the system, any morbid influence or agent finds a good nidus in which to act.

Now we can readily conceive how in a patient who has undergone a long sickness, and is just convalescing, too much muscular exercise may cause a more rapid disintegration of tissues and secondary metamorphosis, than the enfeebled functions can take care of, or the weakened state of the system can bear; a mass of effete material thus accumulates and the state of the blood is so altered that we have the patient fall into this low condition which characterizes septicæmia. Even in the perfectly healthy, excessive muscular exercise may bring on the septicæmic condition, as in the case mentioned by Vogel.

## UNIVERSITY OF PENNSYLVANIA.

### MEDICAL DEPARTMENT.

(Service of Prof. Pepper.)

#### VALVULAR DISEASE OF THE HEART.

The patient is a boy sixteen years of age, of healthy appearance, and fairly developed for his age, who worked on a farm. During the last six months, he complains of tightness in his chest; some difficulty of respiration; there is no fever; but he states that for some time past he has observed his feet to be swelled occasionally, when putting on his boots.

On questioning him closely, it does not appear that he was ever attacked with acute rheumatism; but he states that, about a year ago, he had pain in his legs and joints, which, however, did not prevent him from working as usual.

**Present Condition.**—His pulse is rather feeble, easily compressible, not intermittent. It is evident that there is some slight obstruction to the circulation, probably in consequence of some difficulty of the heart.

**Physical Examination.**—On inspecting the chest, there is found to be a slightly increased impulse externally. A well-marked double bellows-sound is heard over the apex of the heart, but not above. The bellows-sound is strong, almost amounting to a saw sound. Now, there might be a question whether this abnormal sound is not produced by anæmia. But if you look at the patient, his florid complexion, his active capillary circulation, at once negative such a theory, and there remains no doubt that the patient is suffering from disease of the mitral valve, in consequence of morbid thickening and deposits on the valves, caused by rheumatism; for though it does not appear that he had an acute attack of this disease, the pain in his joints and limbs, which he states to have had about a year ago, probably was of a rheumatic character.

This is an interesting case of latent cardiac disease. Ninety cases out of a hundred of cardiac disease in the young are the result of acute rheumatism, from endo-pericarditis. In this case there is no friction-sound, indicating the former existence of pericarditis. The sound is entirely endo-cardiac. Valvular disease, as the result of rheumatism, very rarely attacks the right side of the heart, but generally the left, and most frequently the mitral valves.

The rheumatic diathesis may attack the cardiac structure, though there may have been no articular disease; and we must be careful not to throw out the probability of the rheumatic origin of valvular disease, simply because the patient may not have had an acute attack. There is no reason why the cardiac structures should not be attacked at the exclusion of the joints.

**Prognosis.**—In the vast majority of cases of valvular disease in the young, resulting from rheumatism, the patients get well. I have seen well-marked mitral affection entirely removed in the course of a year or two. The prognosis in this case is hence not so very unfavorable, on account of the youth of the patient. But when the disease occurs after twenty-five or thirty years, the fatality is much greater.

As far as the general symptoms are concerned, these rheumatic affections of the heart are sometimes entirely latent.

**The treatment** consists essentially in rest; the avoidance of anything that excites the circulation or the system generally. The patient should quit his work on the farm; and, if at work at all, it should be light. He should be warmly clad, and care be taken not to expose him to the causes which favor attacks of rheumatism; the exercise which he takes should be gentle, and not active. Permanent counter-irritation to the chest, and Lugol's solution internally, three drops three times a day, would be the therapeutic means to be recommended in his case, while his diet is to be of a nutritious, but bland, unstimulating character.

## JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

[Reported by N. G. Blalock, of N. C.]

## CAPSULO-LENTICULAR CATARACT OF THE LEFT EYE.

Mrs. M., aged 50 years, with good general health, has been suffering from cataract for six years. It came on slowly at first, and without any assignable cause, and it is now complete. She can, however, see a little after sun-set, or before it rises; much better, at least, than by bright sun-light. From the appearance of the cataract, Dr. Gross believed it to be of the capsulo-lenticular variety, in which both the capsule and the lens are involved. The only cure for this disease is an operation, and this being a favorable case, the operation of extraction was performed, it being preferable on account of its long standing and hardness. The patient was placed in a chair, and an assistant, standing behind her, steadied the head, and also controlled the upper eye-lid. Professor Gross sat immediately before the patient. With a Beer's cataract knife, he made the upward section of the cornea, about one-third of its circumference being included in the flap. Gentle pressure, made with the handle of the knife on the lower segment of the eyeball, caused the lens to be displaced without the slightest difficulty. The lids of both eyes were then closed, with strips of isinglass plaster, and the patient was placed in a dark room. She was ordered the fourth of a grain of morphia, and to be placed upon a very light, unstimulating diet.

## CONGENITAL CLUB-FOOT.

The patient was a child, six months old, of good general health, and who has been suffering with equino-varus since its birth. The fault was mainly in the tendo-Achillis, to relieve which the tendon was divided, a short distance above its attachment to the calcaneum, by passing a delicate *tenotome* through the skin and in front of the tendon, and then turning the cutting edge toward the surface. By a sawing motion, the tendon was divided with an audible snap, leaving a gap between the divided ends, which will soon fill up with plastic material. The foot could now be put in its normal position. The patient needs but little treatment for three or four days, then we will apply an apparatus. The operation was attended with the loss of scarcely a drop of blood, and gave but little pain.

## CONGENITAL MOLE.

Miss S., sixteen years of age, was brought to the clinic on account of a mole, which had existed since her birth, and which occupied a

space of about two square inches over the right molar and body of the superior maxillary bones, and also extended a short distance above the outer canthus of the eye, involving the outer third of both lids. The integument, constituting this growth, was of a dark-brown color, it had a verrucous appearance, and was covered with short, crisp hairs. To relieve the deformity, the patient being under the influence of ether, Professor Gross made a very careful dissection of the mole from its cellular attachments, and upon bringing the edges of the wound together, the amount of tension was found to be so great, that another incision was made at the edge of the hairy scalp, the bridge of skin being separated from the deeper parts. This allowed of the most perfect apposition of both wounds, except a very small triangular space at the lower portion, and several points of the interrupted suture were used to bring the cut and surfaces together. Cold water dressings were ordered to be applied to the parts, and her bowels were to be kept in a soluble condition, and her diet should be light and unstimulating.

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## Medical Societies.

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## PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

WEDNESDAY EVENING, OCTOBER 10th.

DR. ISAAC REMINGTON, President.

Subject for Discussion: Opium as a Therapeutic Agent.

(Continued from page 65.)

In the treatment of idiopathic fevers, opium has been much employed in fulfilling various indications, and under different and even opposite states of the system. As an effective agent in preventing the chill of *intermittent fever* its power has long been known. When given a short time before the expected period of return, and aided by warm drink, it has generally succeeded in preventing the chill, or, at least, has rendered it shorter and less severe. Its mode of operation in these cases seems to consist in allaying, or rather in forestalling, peripheral irritation, thus maintaining the normal circulation of the blood and consequent determination to the surface. In certain peculiar conditions of the system, arising during the progress of continued fevers, opium is much employed. These conditions are among the most usual that demand our attention in the course of typhus or typhoid fevers, and also in the progress of symptomatic fevers. Of typhus I have scarcely any knowledge, having seen but few cases of

the disease. Generally speaking, toward the end of the second, or during the third and fourth weeks of the existence of typhoid fever, we have presented to our notice the condition of the system just alluded to. The more active period of the disease having passed, the patient is now left prostrate, and daily shows a tendency to a still further depression of the vital forces. This is clearly indicated to one who has seen much of this fever (and especially in the more violent character it generally assumes in suburban or rural districts) in the very "*Facies Morbi*." The expression of countenance at once indicates great debility, combined with an indescribable malaise; the surface is generally dry, and often hot; the respiration quick and uneasy; the pulse irritated; the tongue most frequently dry, red, chopped, or very smooth, with or without coating; sordes are often noticed upon the teeth; the intellect confused during some part of the day or, more commonly, the night; delirium and rambling, or a strong tendency thereto, exists; yet the patient generally answers well enough when spoken to. With this train of symptoms he is unable to sleep, unless in short and uneasy spells. Such is the condition alluded to, at least in its more striking features. Independent of the primary cause of the disease, no circumstance so tends to keep up this condition as the want of sleep, and until this be obtained the prospect of amendment is remote. Notwithstanding the heat of surface, irritated and sometimes rather hard, though small pulse, redness of the tongue and flushed face, the state of the system is essentially asthenic.

There is, in such cases, scarcely any call for food, though, when offered, it may be taken, as it were, automatically. Complete derangement in the harmony of the cerebro-spinal and sympathetic systems seems to exist. The constant wakefulness and incessant exercise of the intellectual faculties often upon perplexing topics of business, robs, as it were, the organic system of its due share of blood and nervous influence, and thereby impairs more and more the organs destined to nutrition and the maintenance of the vital powers. So long then as the intellectual powers remain in an excited and abnormal condition no improvement need be hoped for. Here it is that opium often displays its highest powers in the removal, as well as in the alleviation of disease, and the benefit that often accrues to the patient in such circumstances, from one or two nights passed in sleep, has surprised those who witnessed it. The improvement is at once seen in the more animated countenance, the fuller and slower pulse, softened or moist skin, and diminished heat of surface; and, notwithstanding the generally depressing effect of opium upon the digestive organs, there is, under this altered condition, an improvement of the appetite. To what special influence of opium, in the case before us, the change is to be attributed is perhaps not fully determined. In view, however,

of its widely-extended power over the nervous system, and in the opinion that such a condition, as just described, cannot exist, independent of a total want of harmony in the correlative movements of the nervous centres, we are perhaps justified in saying, that the especial object accomplished by our remedy is the harmonizing these perverted movements. The beneficial action of the medicine is derived, perhaps, both from its stimulant and sedative qualities. For, as it is difficult to conceive of such perverted action, without excess of movement in one system or in one organ, as compared with another, so is it difficult to account for the controlling and harmonizing influence of opium, without supposing it to exert a combined stimulant and sedative action. Yet, it is not probable that any such contrariety of effect should occur as the direct and immediate action of the remedy, but in an indirect, collateral way, as we see an instance of in case of intense spasmodic pain from the passage of biliary or urinary calculi, where the almost suppressed action of the heart and arteries is restored through the action of opium in relieving this painful spasm.

This part of the subject has been dwelt longer upon, because the state alluded to is of frequent occurrence, not only in idiopathic fevers, but in advanced stages of many inflammatory affections; and in all such cases the same line of treatment becomes necessary. Small pox is another disease in which the utility of opium is strikingly shown. So long as the patient bears up well under the attack, it seems most prudent to avoid its use, and thus also husband our resource. But it often happens that, as the pustules approach maturation, irritation of the nervous and vascular systems is greatly increased, and about the same time the patient is harrassed with a tenacious phlegm, exceedingly difficult to detach from the throat and fauces. In these cases opium exerts a most salutary effect in relieving these symptoms, and procuring quietude and sleep. Rheumatism, no matter how acute the attending fever, or how robust the patient may be, will, after venesection or, perhaps, without, be found more amenable to the influence of opium or Dover's powder, alone, or combined with antimony, than to most other measures. If the pain be intense, so will be the nervous irritation; and in such cases the doses should be large enough to subdue the pain and quiet irritation, and as this is one of those diseases in which the system supports very well the action of the medicine without inconvenience, it should be freely employed.

In puerperal peritonitis we have another instance in which opium displays the most admirable powers, curative as well as anodyne. The inflammation in this case seems to assume a peculiar type, depending in all probability upon the unusual condition of the patient at the time of attack, and also upon the (as it were abnormal) state of the parts implicated. The woman at the time is comparatively debili-

tated, the result of various agencies active during labor and subsequent thereto. Generally a considerable, often a great, loss of blood has occurred, and if the labor has been very severe and protracted, the debility has been further increased by the inordinate expenditure of nerve power. In addition, not much food is apt to be used during labor, and low diet is enjoined upon the patient afterwards. With this condition of body in view, and bearing in mind the peculiar state of the uterus and adjacent parts, and the facility and rapidity with which gangrene, or a near approach to this condition, may supervene, we cannot be too careful to adopt such treatment as will least prostrate the strength that remains. Peritonitis, in my own practice, has generally followed severe and protracted first confinements. The sheet anchor, as it is termed, is, in such cases, opium, or Dover's powder, given freely and especially early in the attack, with the object of forestalling its further development. The action of the opium may, in a few cases, where the patient is very plethoric, be assisted by a use of the lancet; as a rule, this should be sedulously avoided.

Of the almost endless variety of medicines resorted to for the cure of *dysentery*, no one possesses the same power to alleviate the suffering and expedite a recovery as opium. That much discrepancy of opinion on this point has existed, and continues to exist, we are well aware. Whilst some have thought the employment of this remedy should be confined to mild attacks, (thinking these were the only cases to be benefited by its use,) accompanied with but slight febrile movement, others have found especial advantage from its action in the most violent epidemic form of the disease. My own somewhat extensive experience in this disease has not shown the necessity of any distinction of this kind, the good effects of the medicine being manifest in either case. In the more violent forms, occurring sporadically, or as an epidemic, opium unquestionably has its position in the first rank of medicines, capable of alleviating and curing this most painful, harassing, and dangerous malady. Excessive febrile movement, great tenderness of the abdomen, severe griping pains, with oft-repeated bloody stools, violent and most distressing tenesmus, excessive nervous irritation, with more or less delirium on the prominent manifestations of the disease, as it more especially shows itself in rural districts. To successfully combat such a train of symptoms, after attending to the removal of the fecal contents of the bowels, the indications are evidently to abate, as far as possible, the force of febrile action and to allay the excessive pain and irritation, local as well as general. The loss of blood, by bleeding from the arm, or leeches to the abdomen, may often, with marked advantage, precede the employment of opium, and render the operation of this remedy more manifest; yet, as a general rule, bleeding needs not to be repeated. As the

arterial excitement is chiefly kept up by the intense pain and excessive nervous irritation, the anodyne and sedative power of opium is most to be depended upon for the removal of these symptoms, and when properly employed, in reference to amount, time, and the peculiarities of each case, no other article of the *materia medica* can favorably compare with this agent. The advantages obtained by such use of opium are often promptly manifested, but in many other cases it is necessary to keep the patient under a guarded use of the medicine for a length of time, the stubbornness of the disease, in its strongly-marked epidemic form, being well known. Yet, with all the power exerted by opium in controlling this disease, there must be many failures in the epidemic variety, and hence, perhaps, the doubt of its utility in these difficult cases, on the part of some physicians, who unfortunately have hitherto furnished nothing more promising as a substitute. The solution of the disease is generally by the production of perspiration, and the return of the various functions to their normal state, apparently the sequence of subdued pain and nervous irritation, and these are often removed more quickly and effectually by repeated injections of laudanum and starch than when the medicine is received into the stomach.

In simple cases of diarrhoea, the product of suppressed perspiration, or of intestinal irritation from ordinary causes, as undigested food, and not connected with organic disease, we have in opium the readiest and surest remedy. The same may be said of cholera morbus, as we see it every season, and here advantage is generally derived by combining the opium with camphor. In the treatment of Asiatic cholera I have had but a limited experience, and this was not in favor of opiates. When the disease is fully developed in its congestive form, we could scarcely think of deriving benefit by the employment of opium.

In the different inflammatory affections of the respiratory apparatus, opium is exceedingly useful. It has been attempted, by some writers, to show that the remedy is more especially applicable to inflammation of the mucous membrane of the air passages and of the parenchymatous structure of the lungs. This restriction, however, can hardly be thought well founded, as the serous membranes of the chest, when inflamed, are, in common with the adjacent tissues, amenable to the same beneficial action exercised by opium upon inflamed tissues in general. The greater advantage that may seem to arise from its use in one, rather than in the other case, is, perhaps, not so much from difference of tissue as from difference of function in the parts concerned. The quieting of cough, so much more common when the mucous surfaces are affected, and the production of expectoration when opium is combined (as is usual) with antimony or ipecacuanha, may, perhaps, be more properly regarded as adventitious benefits in the action of



the remedy. The action of opium in this, as in inflammation generally, seems to consist in one general influence, that of *equalizing or harmonizing the distribution of nervous power*; thus removing irritation, and thereby restoring the lost balance of the circulation, or (if this phrase, as some have thought, be objectionable) in *restoring the movement of the capillary system to its normal condition*. The immediate effect of this return of the capillary system to a normal state, is the *restoration of the normal action of the various organs*, and consequently the return of the natural secretions, and hence the resolution of inflammation by perspiration, abundant mucous or muco-purulent secretion, increased flow of urine, &c. Of the great number of diseases and deviations from the healthy state to which the economy is exposed, few are more benefited by the use of opium than are some of those peculiar to females. For the prevention of threatened abortion, opium, when quietude is observed, is the most effectual of all remedial agents. This holds good whether the exciting cause be from within or without, and it is more especially useful to women of nervous temperament and irritable fibre.

In hemorrhage, coming on either before or after abortion, and at or near full term, it is likewise, of medicinal substances, the most reliable; and it has been proposed by some practitioners to administer the medicine, if the case be alarming, nearly to the production of narcotism, if a less effect does not suffice. Such a condition, however, or any approach to it, is to be avoided, and can rarely, if ever, be required. The mode of operation of the medicine in these cases, is of difficult solution. With the twofold object in view of relieving pain and facilitating the expulsion of the ovum in unavoidable abortion, opium, when freely given, is often productive of the best effects, as it frequently happens, that, whilst the pain (sometimes of an excruciating character) is diminished, the rigidity of the *os uteri* gives way, and the conception is cast off. In misplaced pain, during parturition, opium will sometimes act very beneficially. A strongly marked case of this kind occurs to me of a young woman attended during my stay in the country. Shortly after the commencement of labor, with natural and properly located pains, she was attacked with pain of an almost unendurable severity, affecting and extending from the fundus of the uterus deeply into the left hypochondrium. Having obtained scarcely any relief from two or three full doses of morphia, and having suffered in this way during nearly three hours, a consultation was requested. The consulting physician proposed a greatly increased dose, and, in forty or fifty minutes after taking it, the patient was entirely relieved of the misplaced pain, and this was soon followed by the re-establishment of natural labor. Where, in labor otherwise natural, the rigidity of the *os uteri* is excessive, or where the difficulty seems to

consist in irregular action of the nerves and muscular tissue of the uterus, the good effects of opium in harmonizing the spinal and ganglionic nervous influence, is sometimes seen in diminished pain and shortened labor, as in the case of abortions before alluded to.

As before intimated, it was not my design in this introduction to do anything more than to notice some of the more prominent diseases and conditions of the system in which opium was employed. To attempt more than this, would be in a measure to traverse nearly the whole field of medical theory and practice, and I shall therefore bring this paper to a close in a few general observations. The employment of opium in medicine, and especially in full and repeated doses, has been objected to, as before said, by some writers, as fraught with too much danger for ordinary use. This objection may with equal propriety be urged against nearly all the more potent articles of the *materia medica*, and as regards many with much more reason. It is doubtful if there be a single drug, or preparation of pharmacy, capable of fulfilling, in a satisfactory manner, a tithe of the indications so well performed by this agent, whose employment is not attended with more risk if rashly used. Some of these are slow in manifesting their immediate action or their ulterior effects, and yet, when accumulated in the system to a certain extent, exhibit their power, at times, in an extraordinary and unmanageable form. Others produce irritation of the mucous membranes, or other tissues, and insidiously establish sub-acute inflammation and consequent perverted organic action and ill health. With a proper degree of caution, none of these disagreeable consequences are seen to follow the use of opium. Its action is frank and undisguised, and so soon as we perceive a tendency to excess in its operation, we have but to suspend, for a time, its further use, and the unpleasant symptoms gradually disappear without any permanent ill consequences remaining. Let me not, in making these remarks, be misunderstood, for, as previously stated, the successful employment of opium requires the nicest pathological discrimination and close attention to its effects, and where the indications for its use are not clear, redoubled caution, or non-employment of the medicine for a time, would seem to be the proper course.

One of the most singular effects of opium is seen, as before hinted, in its apparent contrariety of action, as we may see, for example, when given in certain anæmic states unattended with fever. Here it will often remove a disposition to sleep, acting apparently as a stimulus to the brain, by inducing a greater degree of arterial action or a degree of congestion in its vessels. We have instances of this sort in diseases of a slow, wasting character, where nutrition, and, as a sequence, sanguification, are badly performed, and sometimes after great loss of blood or other discharges.

In the same anæmic state with irritation and fever, opium will often procure sleep, acting in this instance by allaying nervous irritation from its sedative power, and inducing sleep by its anodyne and soporific qualities. Instances of this sort are seen in the latter stages of typhus and typhoid fevers, in typhoid pneumonia, in many other analogous conditions, and, strangely enough, sometimes in the reactionary fever noticed after excessive hæmorrhage, as in some cases of abortion. In the removal of a disposition to sleep in anæmia without fever, by assuming the recumbent posture, and in its production in plethoric states of the system from the same recumbent position, we have somewhat similar phenomena. Again, opium, in moderate doses, invigorates the action of the heart in anæmia without fever, probably by a direct action. It likewise invigorates the action of the heart when nearly suppressed, as before alluded to, in the excruciating pain caused by the passage of biliary or nephritic calculi, or violent cramp of the stomach and bowels, and in these cases the action upon the heart seems indirect. The various phenomena in the movements of the heart and arterial system, under the action of opium, are matters that merit the closest observation of the physician, not so much as mere objects of curious physiological inquiry, as with a view to the deduction of some useful theory, from which may be deduced principles and rules of practical utility in medicine. The physiologist has experimented much in reference to the influences controlling the movements of the heart, and the various agents by which these movements may be modified, but with only partial success: for whilst he has, to a considerable degree, determined the influence of each separate branch upon the nervous system upon its movement, their correlative influences yet remain in obscurity. Let it be the object of the practitioner, at the bedside of his patient, by the most rigid and patient scrutiny, to secure, for the benefit of the "Healing Art," as large a share as possible of that knowledge, which the knife of the exclusive pathologist and vivisectionist has, with all their commendable efforts, failed to supply. In conclusion, I would say that a want of sufficient time has in part prevented me from presenting a paper more in accordance with the importance of the subject treated.

(Discussion next week.)

#### ACADEMY OF NATURAL SCIENCES.

MEETING OF OCTOBER 16TH.

DR. BRIDGES, Vice President in the Chair.

Various donations to the Museum and Library were presented.

Letters were read from the Society of Arts and Sciences at Utrecht, Holland, F. A. Sauvalle, of Havana, and Prof. S. S. Haldeman.

The following papers by Charles C. Abbott were presented for publication in the *Proceedings*:—"Descriptions of new species of apodal fishes in the Museum of the Academy of Natural Sciences;" "descriptions of two new species of galeichthys from Kansas;" "descriptions of four new species of North American cyprinid;" a "description of a new species of exocetus from Chili;" which were referred to a committee.

DR. LEIDY exhibited a portion of the upper jaw of an extinct species of dicotyles or peccary, which he had recently received from Dr. Owen, of New Harmony, Ind., which he compared with the skull of the extinct species belonging to the collection of the Philosophical Society, and which was found about fifty years since. He decided that it belonged to a different species from it, and also pointed out the differences between it and the two species now existing. He did not propose to give any name to the species at present.

DR. S. WEIR MITCHELL made a very interesting communication on the subject of the poison of the rattlesnake. After adverting to the history of the various works on venomous reptiles, he proceeded to explain the anatomy and physiology of the poison apparatus of the rattlesnake. He showed first, by the aid of magnified drawings of the parts, the bony structure of the jaw, and the manner the various parts were articulated together, so as to keep the poison fang in such a position, when not required for use, as not to interfere with the feeding of the snake, and then the manner in which it was pushed forward and brought into the position most favorable for striking with effect. He then explained the action of the various muscles by which the fang was drawn back and thrust forward, and showed how one of these, while erecting and fixing the fang, at the same time, as soon as it had pierced the animal bitten, compressed the poison gland and forced the poison out, either through the duct leading through the tooth to the bottom of the wound, or beside it, and into the surface of the same. He then explained the position of the poison gland and its duct, and showed the manner in which this duct communicated with the one leading through the tooth, and the manner in which the poison was prevented from flowing out when the fang was not erected. When the fangs are torn away, they are soon replaced by others; indeed they appear to be regularly shed by the animal, so that it gives no security against a fatal bite that the fangs have been removed.

The poison is contained in the poison gland in considerable quantity, as much as ten to fourteen drops having been procured from a single one from a snake about four feet long. It is of a pale greenish yellow color, and its activity is not impaired by keeping for years. It may be swallowed, if the skin of the mouth

and throat be not broken, with impunity. Its poisonous properties are not destroyed by boiling or freezing. After it has been dried, it may be again restored to all its virulence by again dissolving it in water. There appears to be no absolute antidote to it. The most successful plan is to give some powerful stimulant, such as spirits or ammonia. When spirits are given, it is necessary to keep up the stimulation *fully* for a considerable time. The quantity sometimes taken, without producing intoxication, is very great; in one case specified, three pints of strong spirits were given. The Doctor remarked, however, that at one of our military posts, it was very common for the men to be bitten by rattlesnakes so long as the whisky cure was used; but when a different and nauseous stimulant was substituted, the bites rapidly diminished in frequency.

Dr. DARRACH exhibited a perfect insect of the mirmellion or ant lion.

Dr. FISHER, on behalf of the Committee on Proceedings, announced the publication of the number for September.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### CHLOROSIS IN CHILDREN.

Under the title, "Researches on Chlorosis, especially viewed as occurring in children," Dr. NONAT, physician to the *Charité*, has, at a recent meeting of the *Académie de Médecine*, communicated a paper, a full abstract of which is published in a recent number of the *Gazette Hebdomadaire*, of which we avail ourselves to lay before our readers his views on this interesting subject of infantile pathology.

Of 68 cases of chlorosis in children, observed by Dr. NONAT, 27 occurred in boys and 41 in girls. As to age, these were distributed as follows:—

Under 1 year,	-	3 cases.
From 1 to 2 years,	17	"
" 2 " 3 "	6	"
" 3 " 4 "	5	"
" 4 " 5 "	4	"
" 5 " 6 "	6	"
" 6 " 7 "	4	"
" 7 " 8 "	7	"
" 8 " 10 "	5	"
" 10 " 15 "	11	"

These figures show, first, that chlorosis exists in infancy, and that it is found in the first months of life; secondly, that it is common to children of both sexes; thirdly, that it is much more frequent in girls than in boys.

From his observations, Dr. Nonat concludes

that, without exaggeration, about eight-twelfths of all children are affected with chlorosis.

Chlorosis is essentially hereditary. It has frequently been observed simultaneously in the mother and offspring, and often been met with in children of the same family. The writer has seen six, seven, and even eight chlorotic children from the same descendancy.

Bad hygienic conditions, of food and habitation, have an immense influence upon the progress and evolution of chlorotic phenomena, which they always aggravate; but they cannot, according to Dr. Nonat's opinion, be considered as properly pathogenic to chlorosis.

According to the author's further observations, chlorosis manifests itself in children *always* by the pathognomonic bellows-murmur; *very frequently* by discoloration of the integuments; the decline of strength and muscular power, and by various troubles of the digestive functions. But the nervous accidents which are so often seen in young chlorotic girls after the age of puberty, are very rare in children.

Chlorosis exercises a deleterious influence upon the regular development of the organism, rendering its subjects liable to succumb to morbid causes, etc.

After discussing the value of iron in the treatment of chlorosis, which the author does not consider as a specific, though he looks upon it as a most valuable remedy, in connection with proper food, exercise, good air, etc., he arrives at the following conclusions:—

1. Chlorosis is a congenital, original disease, which precedes functionally the abatement of the force of hæmatisis.

2. Chlorosis is essentially distinct from anæmia. These two morbid conditions differ from each other in their etiology, their alteration of the blood, the progress of their symptoms, and the treatment adapted to them.

3. Chlorosis constitutes a morbid unity; it is always idiopathic, and the various chlorotic symptoms described by authors must be referred to different forms of anæmia.

4. Chlorosis does not exclusively belong to the female sex; it is also observed in the male, but less frequently.

5. Far from being the result of a suppression or of a retention of menstruation, it is often the cause of these accidents.

6. Chlorosis is not a disease peculiar to the age of puberty; it is found at all periods of life.

7. It is very frequent in children, where hitherto it has not been sufficiently observed and studied.

8. Chlorosis exercises a prejudicial influence upon the development of the organism; it plays an important part in the production of diseases, and contributes to hasten their march and retard convalescence.

9. Iron is not a specific in chlorosis, such as is mercury in syphilis and quinia in intermitent fever. Chlorosis is cured spontaneously with age, in consequence of the regular de-

velopment of the organism. Notwithstanding, however, it is necessary to administer ferruginous preparations, which constitute, so far, the most efficacious auxiliary treatment of chlorosis.

#### MR. HANCOCK'S OPERATION FOR HYDROPHTHALMIA.

The Paris correspondent of the *Lancet* says:—

M. Coursserant, after reminding the society of the difficulties and ill-success attending the treatment of most of the organic changes in the structure of the eye, introduced to their notice the particulars of a case of hydrophthalia, in which the plan of treatment originated by Mr. Hancock had been adopted and followed by excellent results. M. Coursserant said that he agreed with Mr. Hancock in believing that the excessive outpouring of fluid in the eye, and its over-distension, might be in some way connected with a too energetic and too permanent contraction of the tensor of the choroid, and, therefore, decided upon effecting the complete division of this muscle in the way recommended by the talented London surgeon. As hydrophthalia existed in both eyes, and was furthermore congenital, the operation was undertaken as a sort of forlorn hope, and with no very sanguine expectation of success. The globe of the eye had attained, on either side, a volume double that of the normal state, and the amount of vision was nominal only, and utterly insufficient for the purposes of locomotion. The disease completely resisted all attempts at treatment, *one of the means resorted to being paracentesis of the anterior chamber*, performed every fortnight during the space of five months. A fortnight after the performance of Mr. Hancock's operation, the patient, a child eight years of age, was able to run about and play with his schoolfellows, the eyesight being inconceivably improved, and the volume of the globe considerably diminished. The testimony of M. Coursserant, added to the already-expressed approbation of M. Desmarres, who has tried the operation in glaucoma, will, I trust, prove a sufficient answer to those gentlemen who have hitherto chosen to shut their eyes to the value of Mr. Hancock's method, and who, in their blind attachment to iridectomy, have thought fit to condemn, and apparently without trial, a surgical novelty which, in other hands, has yielded, and still does yield, most excellent results.

#### HYPOCHONDRIACAL CONCEPTIONS A PRECURSOR OF GENERAL PARALYSIS.

M. Baillarger, one of the physicians of the Salpêtrière, and a distinguished "alienist," believes hypochondriacal melancholy to be a reliable precursor of general paralysis. M. Baillarger, as quoted by the *Lancet*, says:—

The distorted conceptions of those laboring under hypochondriacal melancholy are, it is true, most varied and capricious; there are, however, certain elements of similitude which act as guides in the recognition of the symptom. One of these is the systematic obstinacy evinced by the patient in himself producing the disturbance of function of which he complains. One man, for example, imagines himself dumb, and resolutely keeps his mouth closed; another, that he is blind, and in the same way refuses to open his eyes; and so on. In all the cases thus primarily affected with these distorted conceptions, and which M. Baillarger has been able to follow up, general paralysis has, sooner or later, been found to occur with unvarying regularity."

#### THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 27, 1880.

#### O "TEMPORA!" O MORES!

In looking at the manifestations of our social and civil institutions, it is astonishing to observe the india-rubber quality of public opinion, public conscience, and public morality.

Yesterday hailing with wild shouts of patriotic sympathy the exile from foreign lands, the victim of king-craft, to-day going in extacies over the representatives of a semi-barbarous race, and to-morrow putting on tinsels and the fool's cap, and turning somersaults for the amusement of royalty, amidst the clamors and shouts of a presidential contest—truly no nation can compete with us in that wonderful attribute, which has, indeed, become a byword among other nations—elasticity of public opinion.

Of course, no man of common sense will find fault with this. We are a young nation, prone to pranks and freaks, and public opinion with us is a foot-ball which everybody kicks as he pleases, and in any direction which he chooses, provided he can get a chance. In the course of time, our nation will have sown its wild oats, and spend its energies in more sensible and profitable excitements than some of those which have lately been witnessed.

But while there need be no fear in regard to the effects of these sprees upon which our nation is bent, from time to time, and which may be considered, perhaps, in the light of safety-valves to let off superfluous steam, that



might otherwise lead to serious catastrophies, there is danger that public conscience and morality, in some respects, has been so much and so continually put on the stretch, that its elasticity is almost entirely gone, that it is doubtful whether it will ever recover its normal condition.

To no particular instance does this remark apply more forcibly than to the relations of woman, as a mother to the state.

Madame Restell has been allowed to go unpunished. Mershon, after having plead guilty of the charge of criminal abortion, was punished merely by a nominal fine. Hundreds of similar instances might be adduced. There are thousands upon thousands of Restells and Mershons all through the country doing a thriving business in murdering children.

Then, again, the ways and means to accomplish abortion are freely and openly offered to the people by the public prints. It is but a few days ago, that we read in the *New York Daily Times* an advertisement inviting all those with whose health or circumstances it does not agree to become mothers, to apply by letter to a certain address, and for a certain sum obtain the surest means to prevent the nuisance. It is supremely ridiculous to see some very excellent and pious religious papers, so called, raise their hands in horror above their heads at the outrage upon morals and decency committed by a daily secular paper in publishing theatrical advertisements, while they have not a word to say against the whole array of murdering advertisements published in the secular press, and, aye, while publishing them themselves.

Now, it is evident that there must be some general cause that makes a crime, which the world over is considered as one of the most dastardly, so common; and a reason, aside from legal leniency, which makes judges and district attorneys and grand juries look with indifference at the punishment or escape of the criminal abortionist; there must be something in the public conscience which allows newspapers to advertise the ways and means of committing this species of murder.

Suppose to-morrow, on opening their morning

papers, the five or six millions of reading men and women of this country would find, flamingly displayed, an advertisement somewhat as follows:

*Attention!—A Sure Method!—New Invention.*—All those to whom certain parties are obnoxious, and who wish to get rid of them in a quiet and certain manner, may accomplish their object without fail by getting a vial of Killberry's celebrated concentrated essence, which has never been known to fail, and is undiscoverable by chemical or any other means. Directions sent with the bottle. The attention of fast young men and women, waiting to inherit riches from old uncles or aunts, is particularly requested.

We dare say that an advertisement of this sort would speedily be followed by the arraignment before Judge Lynch of every editor, or owner of types, connected with the villainous advertisement.

And yet, what is the difference between this imaginary advertisement and those published in the *New York Times*, *et id omne genus*, circulating in our households? What is the difference between the men who lend their sheets to advertisements of child-murder, and the man who would stand in the public square openly inviting the passer-by to buy a sure poison, with which to kill those whom he hates?

But, shocking as the picture is, desponding as it is to contemplate the utter "moral idiocy" manifest in such conduct, yet more degrading to our national pride is the idea, that, in this respect, the newspapers appear but to reëcho the moral sentiments of the community, for else, how could we explain the quiet submission to such shameful conduct? What has become of public conscience, of public morality, when child-murder has become perfectly acclimated, and when people are openly invited to buy the means with which to commit it? Where is our vaunted civilization, where the progress of which we can feel proud, where the exemplary Christianity of which we boast, where are law and justice, and where is humanity, when murder is reduced to a matter of daily expediency, when newspapers come to us laden with the beastly fragrance of invitations to child-murder?

Cannot the press be forced by a regenerated public opinion to put a stop to their tempting and inciting men and women to commit murder? Is it not time that Grand Juries should take hold of the matter?

#### MEDICAL JURISPRUDENCE.

It is a curious fact, that in no country throughout the civilized world is medical jurisprudence, or, if we wish to go a step beyond, and include public hygiene, is State medicine more neglected as a scientific study than in the United States; and that we can yet boast of having in the work of the *Becks* the most complete and classical work on the subject in the English or in any other language.

Yet, in measuring the standard of medico-legal science of a country, it would be futile to point to a few excellent treatises that have been published on the subject, and therefrom to estimate the state of the science. For, while fully appreciating such works as those of the *Becks*, *Elwell*, etc., we cannot be blind to the fact that, while they are monuments of the scholarship, learning, and industry of their authors, they are indirectly a *testimonium paupertatis* to the profession. For it can scarcely reflect to the credit of American science when regarding so highly important a branch of medicine as medical jurisprudence, that it can point to but two or three books as the sole instructors and authorities on the subject, however excellent these instructors and undoubted these authorities may be.

It may not be amiss, in a discussion on this subject, to start with the statement at once plain and palpable, that the present system of education throughout the country, in this respect, as a general rule, is miserably defective. There are indeed some who would attempt, for reasons more apparent, undoubtedly, to themselves than to others, in apologizing for the present defects in teaching forensic medicine, the plea generally being that the limited time does not allow of considering the subject extensively. But, almost with the same breath, we are frequently assured that the present system of teaching, and the curriculum now generally

adopted, are the very best that could be carried out, and that, after all, it was a serious question whether medical jurisprudence should not be left to be acquired after the student has graduated. To both of these points we shall refer as far as our space permits.

In the first place, if, with the admitted importance of medical jurisprudence, it cannot be fully taught and elaborated on account of the limited time, this forms one of the most forcible reasons why the time for study should be extended. The occasional plea that it can be acquired after graduation must be considered a subterfuge. For, in the first place, the young physician's time is too much taken up, in the majority of cases, to apply himself to a systematic study like that of medical jurisprudence; and the latter itself is so wide and extended in its scope, that it requires something more than the mere reading of a text-book to acquire it. The subject can, perhaps, best be illustrated by a case.

A young physician, just graduated, locates himself in a town and puts out his "shingle." It is not very likely that he will be called at once to the first families in the place; but it is much more probable that he may be summoned suddenly to the river's side, where a man has just been found drowned. It is his business to distinguish between death before immersion or death from drowning; whether any injuries have been inflicted before death or not. Suspicion falls upon certain persons to have strangled the man and thrown him into the water. He is to tell whether the man was strangled or drowned, whether he was in articulo mortis when he fell in, or was thrown into the river in perfect health. An eager crowd is enlivening the scene. Theories of foul play are abundant; and the physician's every movement, nod, or wink are closely watched. A coroner's jury is summoned, and an order for a post-mortem examination given. Imagine the fearful responsibility which rests upon the physician, if persons are held in arrest to be liberated or sent to their trial for murder on his testimony. All this may happen within a week after he has graduated and located himself; and yet we are

told that it is a matter of serious consideration whether medical jurisprudence should not be left to be acquired after graduation!

What is the young physician to do? There is time for but a hasty consultation of books, and fortunately for him if he escapes from that with his ideas unconfused and his common sense unimpaired.

But, it is said sometimes, that medical jurisprudence being in fact made up of all other branches of medical science, he who is versed in the latter, is capable, *eo ipso* to solve questions of forensic medicine. This, again, is an untenable position. Physiology, even if taught experimentally, cannot settle the intricate questions of infanticide, or of strangulation, suffocation, and drowning. All these conditions must be studied by themselves as *facts*, and the questions involved in them cannot be solved on theoretical principles whatsoever.

A great deal of mischief has been done to the profession by the ignorance of medical witnesses of medico-legal questions, and we doubt whether there is any one cause which has contributed so much in undermining the confidence of the public toward the healing art, as the looseness displayed by the profession in regard to their duties toward the Commonwealth. We attach no blame anywhere, because this state of things has been brought about by the rapid development of the material interests of the nation, which has rendered our scientific progress necessarily more or less superficial.

But we think it is time that attention should at least be called to one of the greatest deficiencies in our medical education. If the time may yet not be at hand for distinct professorships of public hygiene and medical jurisprudence in our medical schools, let, at least, the medical institutions of the country feel proud of not sending their graduates adrift without a full idea of their responsibility to the State and a knowledge of the most important questions of medical jurisprudence, so that they may do credit to themselves, and elevate the position of medicine among their fellow-men.

#### SPIRIT OF THE MEDICAL PRESS.

Under the heading "Deficiencies in the Schools," the London *Lancet*, of October 6th, has an editorial which puts the matter of MEDICAL EDUCATION IN ENGLAND in anything but a favorable light.

Of anatomy, it says, that "anatomical study is universally obstructed in the metropolitan schools by one prime difficulty—the scantiness and cost of anatomical subjects. It is impossible that a majority of medical students in England should dissect, as do continental students; it is impossible that they should acquire that full, practical acquaintance with the topography and manipulation of the human organs, which is agreed on all hands to be the basis of sound medicine and surgery, without a tenfold more numerous supply of subjects than is accorded by the present legislative restrictions."

Again, in reference to the study and practice of surgical operations upon the dead body, the *Lancet* says, that they are practically impossible. "The cost of a subject ranges between four and five pounds sterling, and the fee for the professor amounts to about an equal sum. This is nearly prohibitive of the performance of one series of operations on the dead body prior to practice on the living."

In regard to clinical teaching, the *Lancet* says that is a shadow of a name in many of the English Hospitals.

"Often this is less the fault of the teacher, scientifically, than the necessity of his position. A surgeon or physician, who is able to devote but an hour or two hours twice or thrice a week to the investigation of from thirty to a hundred cases distributed over the wards of a large building, can do little in personal clinical study of his cases—nothing whatever in useful clinical teaching. To "walk the hospital" in the suite of the surgeon or physician making his rounds is commonly to do no more than the phrase literally expresses. He is compelled necessarily to pass rapidly from bed to bed—here a prescription—there a few words of clinical observation; and, as he passes, some further words to those nearest to him. But clinical teaching implies ten minutes—half an hour—it may be more—spent at one bed. This a physician will often need to help him to determine the character or the progress of a disease for himself; but to teach a following of pupils, or even a few of them, to trace the course of reasoning and observation which is implied in the profitable clinical study of a case must necessarily be the work of a longer period of time. The most readily effective reform would be to raise the assistant physician and surgeons to active duties in the wards, and to abolish the injurious and unmeaning title of 'assistant.'"

It will be seen from these extracts that our English friends have not yet reached the climax of perfection, and that with them, as with us, there is ample room for improvement.

## Correspondence.

### EUROPEAN CORRESPONDENCE.

Edinburgh: her Medical Institutions—Ununited Fracture—Mr. Syme—Botanic Gardens—University of Edinburgh.

Edinburgh, October 1, 1860.

*Editors of Medical and Surgical Reporter:*

GENTLEMEN:—According to my promise, I must send you a letter from this beautiful city, which, certainly, for picturesqueness of situation, surpasses all that I have seen.

The deep ravine, which runs through the centre, separating the old town from the new, and the public buildings and monuments, situated on its sides, or on eminences visible from it, produce an effect which I had indeed heard of as very beautiful, but which, I confess, I had been far from appreciating sufficiently.

In looking over the guide-book, as I always do before arriving at a city, I sought for an account of the Medical Institutions here, and I was not long in finding, under the head of hospitals, accounts of several,—Heriot's Hospital, and many others. Upon reading further, however, I discovered that, although named hospitals, they are, in reality, neither more nor less than orphan asylums, founded by the individual whose name they bear. The real hospital was not described in the book I refer to at all, but I was not long in finding it out without any help from the guide. It is called the Edinburgh Royal Infirmary, and is situated in the old town, close to the University buildings. It usually has about 400 patients in it, or, perhaps, 500, but, in case of necessity, the number can be increased to 800—500 surgical and 300 medical. The buildings are a large and irregular pile. Over the front door is a statue of George II., and on either side is an inscription in large capitals; on one side, "I was naked and ye clothed me," and on the other, "I was sick and ye visited me." In the vestibule, the names of the donors of large sums are inscribed in gilt letters.

In the hospital, I saw a few surgical cases, not of any interest in themselves, but perhaps one or two of them may be of interest to your readers as illustrating the method of practice of Mr. Syme.

There was one man who had broken his right humerus thirteen weeks before I saw him, and the bones not having grown together soon enough, an operation for ununited fracture had

been performed, by cutting down and sawing off the ends of the bones. The wound had taken on unhealthy action for a few days, but, when I saw it, it was doing very well, and discharging healthy pus, and plenty of it. I was informed that Mr. Syme considered no other operation of any more use than perfect rest would be.

The fractures of the leg are usually treated, after the first few days, by stiff pasteboard splints. On the leg which I noticed, they had been applied to the limb, without any bandage having been previously put on, so that there was a good deal of puffiness in some places, but I suppose not enough to cause any serious inconvenience.

Fractures of the thigh are treated by Desault's apparatus, unmodified—at least so far as the inside splint is concerned. The limb is fastened to the long splint by the splint cloth, which, after passing once around the limb, is attached by the margin with pins to the splint. Late in the case short splints are applied to the thigh.

I was informed that they always cured their cases without any shortening whatever, which, of course, is all nonsense. They probably never measure the two legs carefully to determine.

I have mentioned the proximity of the Royal Infirmary to the University of Edinburgh. The latter is a large and imposing building. It contains within its walls a museum on various subjects, and also a library of 100,000 volumes.

I will mention the names of some of the Professors.

<i>Dietetics, Materia Medica,</i>	}	CHRISTISON.
<i>and Pharmacy,</i>		
<i>Chemistry,</i>	- - -	LYON PLAYFAIR.
<i>Surgery,</i>	- - -	MILLER.
<i>Clinical Surgery,</i>	- - -	SYME.
<i>Clinical Medicine,</i>	- - -	LAYCOCK.
	- - -	BENNETT.
<i>Anatomy</i>	- - -	GOODSIR.
<i>Midwifery, and Diseases of</i>	}	SIMPSON.
<i>Women and Children,</i>		
<i>Practice of Physic,</i>	- - -	LAYCOCK.
<i>Botany,</i>	- - -	BALFOUR.

The Professor of Botany is enabled to illustrate his branch by the Botanic Garden which he superintends, and by a large herbarium, of which he has the control.

The botanic garden covers seventeen acres, and contains several hot houses, one of which, the palm house, is very lofty, three or four feet higher than the palm house at Kew Gardens.

There is a large number of medicinal plants, in some of which I took a special interest, as they were entirely new to me. Such were *Narthex Assafoetida*, *Ipomea Jalapa*, the Scammony plant, and the plant producing the true Gamboge.

In other cities in which I have been, there are large botanic gardens. Such were in Glasgow and Belfast. In the last named, I observed a special part of the ground reserved for medicinal plants, which were arranged according to



their natural orders. I spent some time in examining them.

Before coming to Edinburgh, I was for a short time in Dundee, the third city in Scotland in point of population, containing about 80,000 inhabitants. While there, I visited the hospital, which is the finest building in the city. It is situated on the side of a high hill, in the outskirts of the city, and from the terrace in front of it there is a very fine view. I should think there would be a fine view were it not for the thick smoke, which there, as in Manchester and Birmingham, obscures everything.

The hospital is in the Tudor style of architecture, somewhat of the same shape as the Pennsylvania Hospital, but with the centre more projecting, and less projections at the extremities of the wings. The building as a whole, however, is larger than our hospital at home. It is three stories high. The fever patients are accommodated at the top, it being supposed that the danger of contagion will in that way be obviated.

The number of students at the University of Edinburgh is about 1,500, one-third of whom are students of medicine. In former days, there was an ill feeling between them and the town's people, and combats were frequent and fierce, but the present race is more peaceable. While on the subject of the characteristics of students, I may mention that the mania for destroying the benches to which they owe their rest is not confined to the United States. At the Queen's College, in Belfast, I observed the same deep-carved work, and I have seen it also in other places. I never saw the inconvenience of it so much as in Guy's Hospital, London, where the students are all obliged to stand, the benches having disappeared altogether. I wondered if this was not in punishment for the greater love for whittling.

There is in Edinburgh, with its 300,000 inhabitants, and its great reputation as a centre for medical education, only one journal devoted to medical subjects, and in that the Professors of the University have no portion. It is conducted by other men. It is much to be hoped that the University may start a journal, and now there is some talk of it, I believe.

Very truly, yours,

M. D. ABROAD.

#### MORTALITY IN PHILADELPHIA.

[A prominent sanitarian, not of this city, however, writes us the following, to which we call the attention of sanitarians in this city:]

In studying the mortality of different cities, I have the following facts in relation to Philadelphia, which have not been published. During the three months, July 1 to September 29, 1860, there were 3,462 deaths in Philadelphia. Last year the number in the same time was 2,650. This is an increase of 812, or 30.6 per cent. in

the mortality. This increase the present year is very large, much larger than in any other city with which I am acquainted. In Providence, during the same time, the increase has been about 9 per cent. Of the 3,462 deaths in Philadelphia, as above, 1,942, or 56 per cent., were under 5 years of age; and 659, or 19 per cent., were from the four diseases cholera infantum, cholera morbus, diarrhoea, and dysentery.

I should like to know your ideas of the causes of this large increase in the mortality of your city. Has the law that went into operation the first day of July anything to do with it?

#### NEWS AND MISCELLANY.

*Introductory in New York.*—The opening exercises of the Medical Colleges in New York city took place this week, and the week before.

*The Opening of the College of Physicians and Surgeons* was additionally interesting, from the fact that it was the formal union of the institution with Columbia College, of which, hereafter, it will form the medical department.

Dr. DELAFIELD, President of the College of Physicians and Surgeons, presided. He made a few introductory remarks, characterizing as a most auspicious event in the history of their institution their union with Columbia College. Incorporated forty-three years ago, and placed under the custodiorship of the Regents of the University, their college had not had that success it merited. No blame was to be imputed to the Regents, but the remoteness of the latter prevented prompt attention to their merits and requisitions. In response to their affliction, the Legislature, last winter, granted them a new and independent charter, and under this they had associated themselves with that time-honored institution, Columbia College. From this union he augured the happiest results. It was a union of which they were justly proud.

Professor JOHN C. DALTON, JR., delivered the introductory address, commencing with the discovery of the lacteal vessels by André Vesalius, in an Anatomical College, in Paris. He traced the progress of medical science, touching the circulation of blood, down to the present time. He showed how, step by step, the discoveries now so familiar to the medical faculty were made. For three-fourths of a century, the blood insisted on running the wrong way. Not till Harvey made his important discovery were the previous obscurities surrounding the subject fully cleared up. Harvey saw irregularities and contradictions. The earnest student-life

and discovery of Harvey, Dr. Dalton enforced as affording a noticeable example to the students of medicine of the present age. Advanced as they were in medical knowledge, the learning of to-day, in many things, he urged them to recollect, might be the ignorance of to-morrow. No matter how old a doctrine, or how reputable, they must not bow to old dogmas. They must think for themselves—believe for themselves—do for themselves.

President KING made an address next. He stood before them (he began) in the position he ought to have occupied years since. In again establishing a medical department in Columbia College, and uniting it with the College of Physicians and Surgeons, they had only yielded to the behests of the age. He hoped the union would prove one and inseparable [loud and prolonged cheers] under the old colonial government. Then the institution, over which he had the distinguished honor to preside, was called King's College; there was a medical bench of instruction. The war of the revolution broke up the college, and the buildings were turned into hospitals. How well the students of that time exchanged the pen for the sword, was shown in the case of Alexander Hamilton. In 1767 was incorporated the first medical faculty—a faculty as learned in their various specialties as any in the New World. In 1784 a medical faculty was again incorporated, and the study of medicine was a specific branch of instruction in that institution until 1813, when it was abandoned. Leading to its abandonment was the incorporation, in 1807, by the Regents of the University of the College of Physicians and Surgeons. New York was only a big village then. They did not need the medical colleges. Among the members of the late medical faculty was the venerable VALENTINE MOTT, the sole survivor of his olden compeers and co-workers. Matters now in the metropolis had changed. The trustees of Columbia College felt admonished of the necessity of reviving their medical department. Now they would have a literary, law, and medical department combined, and still each distinct, but together furnishing the needed elements of a complete university education.

In conclusion, President King briefly addressed the medical students, urging them to value correctly the profession to which they were to devote themselves.

Dr. STEVENS, former President of the medical college, followed, with a few remarks, showing the necessity of a classical and mathematical education to a thorough medical training.

At the Medical Department of the University of the City of New York, Dr. VALENTINE MOTT delivered the introductory.

At the New York Medical College, Dr. R. OGDEN DOREMUS, Professor of Chemistry, and Dean of the Faculty, delivered the opening address. He expressed his sense of the honor conferred upon

him in being invited to open the course of lectures for the season, and hoped that those who had opportunity to attend them during the winter would derive much valuable information. He next proceeded to give a number of experiments with gas, mercury, water, carbonic acid, ether, &c., which he accompanied by full explanations.

At the conclusion, Dr. DOREMUS spoke of the duties and requisites of persons engaged in the medical profession. A good physician should understand all the sciences which have any relation to his profession. He should know how to prevent the inroads of disease, as well as to treat it where it existed. The professor spoke in complimentary terms of the establishment of a hospital by Dr. BARKER in connection with the institution. He spoke of the great good which must result from the establishment of the hospital now commenced, and the wards for the treatment of patients. He asked for the co-operation of the trustees as well as the ladies and gentlemen present, and referred in a strain of commendation to the efforts of those who had aided in the work.

*Case of Supposed Poisoning.*—A case to which some interest attaches, happened recently in New York. The subject was a formerly notorious courtesan, who died suddenly. She was found on the floor beside the bed, with her face down. Deceased, it appeared, arose as usual on Friday (Oct. 12th) morning and took her breakfast. Soon after partaking of that meal, she retired to her bedroom, while her husband proceeded down town on business. In an hour or so afterwards, one of the inmates had occasion to enter her room, when she was found lying dead on the floor. In reference to the cause of death, the following medical testimony will throw light:

*Statement of Drs. Sands and Fennell.*—Drs. Sands and Fennell, being duly sworn, say that they made a post mortem examination of the body of Mrs. J. A. Blankman, at her late residence, No. 49 West Thirty-fourth street, on Saturday, October 13, 1860. The following gentlemen were present: Drs. Willard Parker, Blankman, Kissam, Wm. H. Draper, Foster, Swift, and Reisig. The examination was made twenty-four hours after death; the body of the deceased presented no external marks of violence; the surface was pale, and there were no evidences of commencing decomposition; the pupils were of natural size; the thorax and abdomen were the parts first examined, an incision having been made from the top of the sternum to the pubes; the abdominal walls were found loaded with fat, measuring upward of an inch and a half in thickness; the lungs were next exposed to view, by removal of the sternum and costal cartilages; they

crepitated freely; and presented a healthy appearance everywhere, except at their apices, where their substance was puckered, apparently from old tubercular deposition; there were no signs of unusual congestion of these organs, nor was there any effusion in the pleural cavities; the pericardium was now opened, and found to contain about an ounce of yellow, transparent serum; the heart was of normal size, but was greatly loaded with fat, which encroached considerably upon the muscular tissue of the right ventricle; the cavities of the heart were healthy; the ventricles were empty, and the auricles contained a moderate quantity of blood, partly coagulated; the valves were healthy, presenting neither thickening, calcareous deposit, nor any other morbid change; the abdominal organs were next examined, and exhibited the following appearances: the liver was somewhat larger than natural, but otherwise free from disease, except towards its anterior free margin, where there were found two small nodules of cancerous deposit; the kidneys were of nearly equal size, and showed no remarkable appearances; they were deeply imbedded in fat, and on section were seen to be moderately congested; the capsule stripped off easily, and the cortical and medullary portions of the organ were present in their due proportion; the uterus was next removed from the pelvic cavity, and was found to be considerably enlarged from the effects of old chronic inflammation, which existed not only in the uterus itself, but also in its appendages, causing abnormal adhesion of both fallopian tubes; the cavity of the body of the uterus was empty, and its lining membrane pale and thickened; the cavity of the cervix was filled with tough viscid mucus; one of the ovaries was the seat of cystic disease in its early stage, the other contained two Graafian vesicles filled with blood undergoing absorption. At this period of our investigation, Dr. Finnell having completed the removal of the calvarium, the contents of the cranial cavity were exposed to view, and made the subject of examination. The dura mater was healthy; but in lifting this membrane from the surface of the brain, well-marked and unmistakable evidences of apoplectic extravasation were at once discovered; the effused blood was spread out over the surface of the brain, beneath the arachnoid membrane, and was in many places sufficiently abundant to entirely conceal the subjacent cerebral substance; it extended over the lateral portions of each cerebral hemisphere, and covered the base of the brain throughout, leaving but a small portion of the surface of the organ free from extravasation—this portion being situated at the summits of the hemispheres, the vessels at the base of the brain were examined, and a large and well-marked deposit of atheronia discovered in the basilar artery. On making the section of the brain necessary for the exposure of the ventricles, its substance was seen to be healthy, and free from conges-

tion; the two lateral ventricles, as well as the fourth ventricle, each contained a quantity of coagulated blood; the substance of the septum lucidum was exceedingly soft, but the walls of the ventricles were otherwise of about their usual consistency. The appearances just described were so decided and characteristic as to leave no doubt in the minds of all present that the deceased died from an attack of cerebral apoplexy. No further examination of the body was made, inasmuch as we had already discovered what, in the opinion of all parties who witnessed the autopsy, was the real, undoubted cause of death. When an individual is found dead, with his throat cut, his heart ruptured, or with a musket ball at the base of his brain, it is not generally considered necessary to search for poison in the contents of the stomach and intestines, and, for a similar reason, no such inquiry was instituted in the present case. Having ascertained what was regarded as the true cause of death, a certificate was rendered in accordance with the facts observed.

There can be no doubt as to the correctness of the conclusions arrived at by Drs. SANDS and FINNELL, that the woman died of cerebral apoplexy. It seems, however, that "Madame Rumor" took hold of the case, spreading all sorts of stories about foul play, etc., so that, after the body had been buried, a coroner's investigation was rendered necessary, the body exhumed, and a second examination made by Drs. CARNOCHAN and BRONSON, which, as far as it went, entirely corroborated the first.

Parts of the body were also placed in the hands of Prof. DOREMUS for chemical analysis, but it seems that the authorities saw in time the ridiculous position in which they had permitted themselves to be placed by listening to "gossips," and the order was countermanded.

It would be well if the New York officials were as anxious to do their duty in cases where poor girls are poisoned by the culpable neglect of druggists, as they have been in this instance, when a morbid appetite for scandal demanded the opening of the grave, because deceased had been a notorious woman, and left fifty thousand dollars.

*Investigations Concerning Hydrophobia.*—From a series of returns made upon this subject, from different departments in France, during several years, and epitomized by Dr. Tardieu, in the *Annales d'Hygiène Publique*, we glean some interesting information upon the following points:—

1. *The Species of Animal by which Hydrophobia was communicated.*—Out of a total of 228 cases in which reference was made to this point, 188 were stated to have been produced by the bite

of a dog, 13 by that of a cat, 26 of a wolf, and 1 by the bite of a fox. In two cases in which the bite of a cat produced the disease, one animal is reported to have become rabid in consequence of an extensive burn, another owing to its having been robbed of its young. These cases are of considerable interest, as they tend to resolve the still doubtful question of the spontaneous development of hydrophobia in other species of animals than the canine.

2. *The season of the year at which this disorder is most frequently developed.*—This circumstance was noted in 181 cases, 110 of which occurred during the hot season of the year, 71 only during the cold. There is, doubtless, a marked difference in favor of the months in which the temperature is most elevated, but it does not remain a less constant fact that no season is really opposed to the development of hydrophobia, or can render its effects less formidable.

3. *The average number of persons who escaped the malady after being bitten.*—On this point we have the records of 198 cases of persons who were bitten, in many instances by the same animal; of these, 112 were subsequently seized with hydrophobia, whilst the remaining 86 experienced no ill-effects. We need scarcely remark that numerous adventitious circumstances, such as the interposition of an article of clothing to which the saliva of the rabid animal might adhere, the state of the patient's mind or health after the injury, &c., would considerably influence the results in this particular.

4. *The length of the stage of incubation.*—In a large majority of cases this was not more than a few weeks. Out of 147 cases referred to, the period of incubation was under a month in 26, more than a month but under three months in 93 cases, whilst in the remainder the length of time occupied was from six to twelve months. The incubatory period appeared shorter in very young persons than at any other stage.

5. *The length of time between the development of the disease and its fatal termination.*—On this point the statistics collected corroborate too fully the preconceived ideas, as to the rapid progress of the disorder. Out of 161 cases death put an end, within a week, to the horrible sufferings of the patients in 158, more than one-half of that number dying within four days, even, from the time at which the malady first manifested itself.

6. *The relative efficacy of the means employed to prevent the development of Hydrophobia.*—Upon this all-important portion of the subject Dr. Tardieu observes that the fact cannot be too strongly insisted upon that the only hopes of security from the fatal effects of this dreadful disease consist in immediate cauterisation with the red-hot iron, and that every other method only comprises the future safety of the patient by the irreparable loss of the only moments during which the preventive treatment is applicable.

7. *Curative treatment of Hydrophobia when it has become developed.*—Dr. Tardieu makes the disheartening statement that of all the remedies which have as yet been suggested, chloroform included, for the treatment of hydrophobia when fully developed, he has found none to have been attended with sufficiently promising results to enable him definitely to say that it will effect a cure—*Lond. Med. Rev.*

*Fees for Post Mortem Examinations.—Opinion of a Judge.*—The Board of Freeholders in Newark, N. J., are still adhering to their stubborn resolution of denying to physicians a proper fee for services rendered to coroners in making post mortem examinations. The matter will, however, soon be brought to an issue.

The subject, we learn, was brought before the court by the Prosecutor of the Pleas in behalf of one of the coroners.

It was stated that a person found dead the night before was lying in the station house, and that the coroner had requested two physicians to make a post mortem examination, who had declined because of some action of the freeholders respecting fees. The court was desired to declare the law governing the subject, the question having lately frequently been raised in like cases.

His Honor Judge Haines said:—This matter is perfectly plain from the provision of the statute. There can be no doubt that the coroner may and in some cases is bound to summon a physician (or physicians as may be required) to make a post mortem examination. There may be much or little labor in such an examination. That will depend on the subject and circumstances. We presume that the regulation published by the Board of Chosen Freeholders is intended only as a warning to the coroners not to incur unnecessary expense in these matters. There are cases in which great labor and skill will be required to make an examination. One physician or more, if necessary, may in such cases be called in, and he or they will, by law, be entitled to receive from the county proper compensation for their skill and labor expended in the matter. The freeholders in such cases will, undoubtedly, without hesitation, pay the bills.

*Where Does the Coffee Come From?*—Last year the total consumption of Europe and the United States alone was 330,000 tons, whilst the production of all countries was but 312,000 tons. The consumption of the present year is estimated at 337,000 tons, and the production at 274,000.—*Century.*

*Dengue or the Break-bone Fever* is said to be generally prevalent in Memphis. It has prevailed, indeed, throughout the South and West to an extent never equalled previously, although in most cases in a light and tractable form, when promptly attended to.



*The Anniversary of St. Luke's Hospital*, in New York, was celebrated on Thursday evening of last week.

Dr. EDWARD S. DALTON, resident physician, read the medical report.

During the year there had been admitted into institution 468 patients. Of these 232 were males and 326 females, including 55 children. There were now in the hospital 53 patients. During the year 59 had died. Most of the deaths were of those brought into the hospital in the last stages of pulmonary disease. By the care taken of these, the abundant ventilation and quality of food furnished them, the lives of many had been greatly prolonged. A good many of the patients were victims of accidents in the erection of buildings in the vicinity, which had necessitated twenty-one surgical operations, eight of mortal character. The percentage of deaths had been fourteen, which was five per cent. less than the year previous.

*The Retirement of Ricord.*—M. Ricord has resigned from his post as surgeon of the Hospital du Midi. The hospital regulation which requires the retirement of medical officers at the age of sixty, would soon have completed his term of service, but he has chosen a more dignified leave by resignation.

Ricord was born in Baltimore on the 10th of December, 1800, and has held his position in the hospital for nearly thirty years. His opportunities have been unequalled, and his great reputation has been the result of immense labor and observation on the specialty which is so much indebted to him for its development.

Ricord's place, it is said, is to be filled by one whose name is not unknown in syphilography—M. Alphonse Guerin.

*A Case of Cysticercus* has been recently under the care of M. Desmarres, of Paris. The parasite occupies a position in the vitreous humor, and being in the axis of vision, sight is obscured. Previous failure of operations in such cases has determined a non-interference in this case.

*Professor W. H. N. Magruder*, Baton Rouge, La., is collecting materials for a biography of the late Dr. Drake. All who have any letters or papers, or are acquainted with any facts or incidents, which may be of value in the preparation of such a work, will please address Prof. M., as above.

*Dr. Turnbull's regular course of lectures* on the eye and ear will be commenced on Thursday, November the 1st, at half-past seven o'clock, evening, and will be continued at the same day and hour until the 1st of March, at his residence, 1208 Spruce street.

**ARMY AND NAVY.**—Assistant Surgeon W. W. Anderson has been assigned to duty at Fort Chadbourne, Texas.

Leave of absence for four months has been granted to Assistant Surgeon E. W. Johns, Medical Department.

Assistant Surgeon Abel F. Mechem (lately appointed) has been assigned the duty with the recruits for San Francisco, on the 20th instant. He will afterwards report for duty to the Commander of the Department of California.

Assistant Surgeon A. B. Hasson is to resume his duties at Fort Dallas.

Assistant Surgeon L. Taylor, is to report for duty to the Senior Medical Officer at Fort Walla Walla, W. I.

Assistant Surgeon Clinton Wagner (lately appointed) has been assigned the duty with the recruits to leave Carlisle Barracks for Texas, via Fort Leavenworth, on the 31st inst. He will, afterwards, report for duty to the Commanding Officer of the Department of Texas.

Assistant Surgeon G. K. Wood has been assigned to duty with the recruits for Texas on the 31st inst. He will, afterwards, report for duty to the Commanding Officer of the Department of Texas.

*Accidental Poisoning by Arsenic.*—Three men in the employ of Messrs. Crum and Thernliebank, of Glasgow, boiled some potatoes in a dish used for the purpose of lifting a liquor employed in some process of bleaching. The three men having eaten heartily of the potatoes, were seized with violent pain and vomiting, but ultimately recovered. It appeared that the liquor for which the dish had been used, contained a large quantity of arsenic and chlorate of potash, with which the potatoes had been impregnated. —*Dublin Press.*

*On the Preparation of Antimoniate of Potash.*—M. Reynoso has given the following process as a ready means of preparing antimoniate of potash. Recently precipitated hydrated oxide of antimony is dissolved in a solution of caustic potash, and permanganate of potash then added as long as the color is destroyed. When a faint rose color becomes permanently perceptible, the liquid is filtered, and may in that state be used as a test for soda.

*The Aural and Ophthalmic Clinic*, at the Howard Hospital, 1812 Lombard street, will take place hereafter every Tuesday and Thursday, at one o'clock P. M., where clinical lectures will be delivered by Dr. Turnbull.

*Leidy's Anatomy.*—We have received a copy of Leidy's Anatomy, published by J. B. Lippincott & Co. In elegant typography, and general style, the work has not been exceeded by anything in a medical way in this country.

*The Health of the Miner.*—Recent deductions from tables, showing the duration of the life of the miner, prove that, at the age of 20, miners experience an average of 46 per cent. of sickness more than the general class; at the age of 30, they show 70 per cent.; at 40 years, 78 per cent.; at 50 years, 76 per cent.; and at 60 years, 53 per cent.—more than the ordinary class of lives. It has been ascertained that, in Cornwall, 61 per cent. of the miners die of diseases of the chest, and only 31 per cent. of the rest of the population.—*Lancet*.

#### Answers to Correspondents.

*S. C. G., Miss.*—You can obtain Dr. Holmes' address through David Clapp, publisher, 184 Washington street, Boston, Mass. Price 25 cents.

*J. M. and other Subscribers.*—We do not pay the postage on the REPORTER. If prepaid at the office where the REPORTER is received, the postage is 26 cents per annum. This does not include carrier's fee in cities, which is extra. But it is optional with every one to call at the post-office for his number, or to have it brought by carrier.

*Dr. D. O. C., Pa.*—The usual dose of chloride of propylamine in an attack of acute rheumatism is from 2 to 3 grains repeated every two or three hours. As far as we can learn, the remedy has not been used very recently in the Pennsylvania Hospital.

*D. H.*—The only efficient treatment which can now be resorted to, is to re-divide the hamstring tendons at a point above the cicatrices of the first division, and then make extension of the leg sufficiently violent to break the impediments to straightening the limb which exist in the joint. A straight splint, well padded, should then be applied, and passive motion may, after inflammatory symptoms subside, be cautiously made. Great success has followed such treatment in a number of cases recorded in this journal.

*R. N.*—The pleasant tasted worm confections which are popularly used, owe their efficacy undoubtedly to Santonine.

*W. P. C.*—There was a prevalent opinion among the country people, before the time of Jenner, that the cowpox, as accidentally taken by those who milked cows, insured an immunity from smallpox. The attention of Jenner was thus directed to the subject, which led to his final determination of the protective power of vaccination.

*Student.*—Tickets for the clinical course at the Philadelphia Hospital may be procured, without charge, by all matriculated students, by applying at the city office of the hospital, No. 42 North Seventh street.

*The New Sydenham Society.*—In answer to several inquiries made by subscribers in reference to the new Sydenham publications, we give the following information, communicated by Dr. RICHARD J. DUNGLISON, Hon. Local Secretary of the Society in this city:

The subscription per annum is a guinea, or five dollars and 25 cts. in our money, to which about a dollar a year will be added for duty, etc. I can hardly tell as yet what the exact amount will be,

but I think the annual amount will be about six dollars and a half. The works will come to me, and I shall take care that they are properly distributed.

I have a few copies of the series for 1859 to dispose of to members, at six dollars and a half for the series of five numbers.

RICHARD J. DUNGLISON,  
121 South Tenth st.

#### MARRIAGES.

ASHTON—BROWN.—At Washington City, on 25th Sept., by the Rev. J. C. Lee, Dr. W. E. Ashton, of Washington City, and Miss Ella V. Brown, of Philadelphia.

BURGIN—SHEPPARD.—At Pittsgrove, N. J., on the 18th inst., by the Rev. D. Kelsay, John H. Burgin, M. D., of Philadelphia, to Ruth B. Sheppard, of Pittsgrove, Salem county, N. J.

BROMWELL—EVANS.—At Lindenwood, Cecil county, on the 17th inst., by the Rev. Mr. Squire, Dr. R. E. Bromwell to Miss Josephine Evans, daughter of L. H. Evans, Esq.

#### DEATHS.

HOLMES—Died at Montreal, C. W., on the 9th inst., Andrew Ferdinando Holmes, M. D., LL. D., Professor of the Principles and Practice of Medicine in the University of McGill College, and Dean of the Faculty of Medicine, in his 63d year.

For a few days before his decease, he complained of a constriction of the chest, which he compared to a friend, as like an attack of *angina pectoris*; and on Monday afternoon, on his way to the new college building, whither he was going to look after certain arrangements, he experienced that sensation chiefly while walking against the wind, which was blowing rather strongly, although he did not feel it after ascending a pair of stairs. On the following day, Tuesday, the 9th, he attended to his duties as usual, complaining of little else than a want of appetite, arising out of the continuance of the same sensations. He returned home from an evening visit about 7 P. M., and, while writing out notes to the members of the Faculty for attendance at a meeting which he intended to have held at 3 P. M. the following day, he was observed by his wife to drop his head on his hands, his elbows resting on the table, and, without replying to the question put to him, "if he felt unwell," dropped from his chair dead.

An autopsy was held forty-three hours after death. The brain was healthy, with the exception of a general turgescence of the blood-vessels, and a rather increased amount of serosity. The chief abnormal appearance here presented was a thickened condition of the arachnoid at the vertex, indicative of an old-standing, sub-acute, inflammatory affection. About fifteen years ago, it is to be observed, he suffered intensely from headaches. The thoracic viscera were healthy, with the exception of the heart, which was rather larger than usual, but not morbidly so, and showed evidence of atheromatous degeneration, not to any marked extent. The abdominal viscera were perfectly healthy. In fact, we have never examined a body whose viscera were in a more healthy-looking condition generally.

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place on the evening of the 11th, when it was resolved that a letter of condolence should be transmitted to the widow and family, and that the members should wear mourning for a period of a month, in memory of their deceased colleague.

Died at his residence in Allentown, Pennsylvania, Dr. C. H. MARTIN, aged fifty-three years.

The subject of this notice was one whose loss will be deeply felt by the community in which he lived, and to which he gave the whole of his useful life.

Without any effort to appear superior to those around him in the knowledge of his profession, or any real desire to be so considered, it will not be denied by any one here, that his death has created a vacancy that will not be speedily filled. The son of one of the most eminent and successful physicians in this district, he had, in early life, the advantages of that thorough familiarity with the practical part of his favorite profession, which is so indispensable to all who would pursue it successfully, so that when he graduated—which he did with the highest honors at the University of Pennsylvania in the spring of 1830—he was able at once to enter on the active duties of a profession which pre-eminently requires a practical training. From that day till the day of his death—for he died in the zenith of his practice—his devotion to duty was unflagging. His position among his professional brethren may be known by the fact, that in all difficult cases that occurred in this region, for miles around, he was ever the first that was consulted by them.

There was neither cowardice nor timidity in his character, when duty was to be discharged; no shrinking from personal danger when, by meeting it, he could add to his store of medical knowledge. When the Asiatic cholera first appeared in this country, after having swept the Old World, as with a "besom of destruction," he was one of the first to meet it.

When this terrible disease was raging in Philadelphia, and the temporary hospitals erected there were filled with the sick and dying victims of this fell destroyer, Dr. Martin voluntarily left his safe and comfortable country home, and spent days and weeks in the Southwark and Moyamensing hospitals, that he might become familiar with a pestilence which threatened to meet him soon among his own friends and neighbors.

But he is gone now! and the places that knew him will know him no more! His cheerful confidence and ready skill will be missed by his numerous patients, none of whom will ever forget him!

His life was useful and prosperous, his death sudden, and to all, but himself and his confidential friends, most unexpected. Neuralgia of the heart was the disease that closed his earthly career.

The train that followed his body to the grave evinced how universally his loss was felt.

He died on the 25th of September, 1860, aged 53 years 1 month and 10 days, leaving a widow and five children to lament his sudden death.

"Peace to his remains!"

COMMUNICATIONS RECEIVED.—Canada West, Dr. John Salmon, (with encl.)—Connecticut, Dr. N. Brig-

ham, (with encl.)—Georgia, Dr. D. Richardson, (with encl.)—Iowa, Dr. M. Marbourg, (with encl.) Drs. Williamson & Thrall, (with encl.) Dr. J. Kerr, (with encl.)—Louisiana, Dr. G. W. Dirmeyer—New York, Dr. J. Malone, Dr. D. Holmes, (with encl. for Dr. W. P. Randall,) Dr. Mac Nicholl, (2.) Dr. C. T. Chase, (with encl.) Dr. J. S. Young, (with encl.) Dr. G. V. Newcomb, (with encl.) Dr. R. M. Buell (with encl.) Dr. B. Fincke, (with encl.) D. F. Morris (with encl.) Dr. C. Valentiny, (with encl.) Dr. T. Kelly, (with encl.) Dr. J. Malone, (with encl.) Dr. B. J. Stow, (with encl.) Dr. W. Hutcheson, (with encl.) Dr. T. H. Frankum, (with encl.) Dr. R. S. Olmstead, (with encl.) Dr. D. E. Smith, (with encl.) Dr. W. A. Hall, (with encl.) Dr. H. A. Archer, (with encl.) Dr. T. M. Ingram, (with encl.) Dr. J. H. Talmadge, (with encl.) Dr. E. M. Chapman, (with encl.) Dr. D. Pfeiffer, (with encl.) Dr. F. W. Gosling, (with encl.) Dr. C. L. Mitchell, (with encl.) Dr. F. Bond, (with encl.) Dr. C. W. Bates, (with encl.) Dr. G. Higgins, (with encl.) Dr. T. T. White, (with encl.) Dr. T. Nichols, (with encl.) Dr. C. Schieferdecker, (with encl.) Dr. W. H. Hanford, (with encl.) Dr. A. Wright, (with encl.) Dr. W. Mac Kenna, (with encl.) Dr. A. E. Jacobson, (with encl.) Dr. J. Seigh, (with encl.) Dr. J. Mayer, (with encl.) Dr. Saltveil, (with encl.) Dr. Wittman, (with encl.) Dr. J. A. Brady, (with encl.) Dr. N. L. North, (with encl.) Dr. O. H. Smith, (with encl.) Dr. R. H. Hinman, (with encl.) Dr. S. Ely, (with encl.) Dr. P. M. Barclay, (with encl.) Dr. C. Dunham, (with encl.) Dr. S. C. Church, Dr. E. Peck, (with encl.) Dr. W. Jones, (with encl.) Dr. Gippert, (with encl.) Dr. S. Wiggins, (with encl.) Dr. A. Deyo, (with encl.) Dr. R. V. Montfort, (with encl.) Dr. J. Thompson, (with encl.) Dr. D. Willcocks, (with encl.) Dr. J. Vadevaer, (with encl.)—New Jersey, Dr. W. A. Durrie, (with encl.) Dr. Elder, (with encl.) Dr. Kudlick, (with encl.) Dr. R. Chabert, (with encl.) Dr. G. Saltonstall, (with encl.) Dr. J. Quidor, (with encl.) Dr. Kopetschny, (with encl.) Dr. J. N. Quimby, (with encl.) Dr. Max Kuechler, Dr. J. Kollock—North Carolina, Dr. W. T. Sutton—Ohio, Dr. W. E. Chapman—Pennsylvania, Dr. W. F. Trout, Dr. T. Hasson, Dr. C. Herrington, Dr. H. Umstad, (with encl.) Dr. A. G. McCandless, (with encl.) Drs. S. S. & R. Wallace, (with encl.) Dr. A. Markley, Dr. J. A. Reed, (with encl.) Dr. B. Shannon, (with encl.) Dr. J. Burkhold, (with encl.) Dr. G. A. Burke, Dr. J. C. Shivner, (with encl.) Dr. J. F. Treichler, (with encl.) Dr. C. H. Smith, (with encl.) Dr. R. H. Aul, (with encl.) Dr. F. L. Haupt, (with encl.) Dr. E. R. Dodge, (with encl.) Dr. D. W. Shindle, (with encl.) Dr. J. B. Newbaker, (with encl.) Dr. E. Francisus, (with encl.) Dr. U. Q. Davis, (with encl.) Dr. Jas. S. Dougal, (with encl.) Dr. P. B. Mish, (with encl.) Dr. H. D. Hunter, (with encl.) Dr. J. H. Harley, (with encl.) Dr. T. H. Wilson, (with encl.) Dr. W. Hayes, (with encl.) Dr. W. Leiser, (with encl.) Mr. John Hulme.

Office Payments.—Dr. J. H. Keeler, (Pa.) Dr. C. Bombaugh, (Pa.) Dr. Asche, Dr. J. G. Koehler, (Pa.) Dr. Martin, (N. J.) Dr. J. B. Irwin, (N. J.) Dr. J. Flynn, C. A. Pyatt, Dr. Gobrecht, Dr. J. Grigg, (N. J.) By Mr. Swaine: Mrs. Dr. McClenachan, and Dr. J. B. Flagg. By Mr. Foster: S. Stewart, L. H. Pease, T. M. Drown, E. W. Keller, and T. N. Lewis, Dr. G. Hamilton.

**MORTALITY OF CITIES DURING THE WEEK ENDING OCTOBER 13, 1860.**

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